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# THE IMPACT OF LEGISLATIVE CHANGE ON SURVIVORS OF SEXUAL ASSAULT: A SURVEY OF FRONT LINE AGENCIES

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*The views expressed herein are solely those of the author*
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# EXECUTIVE SUMMARY

The goal of this study is "...to assess the impact of the 1983 reform of the rape law in Canada on victims' experiences with the criminal justice system." (from the Request For Proposal) The data sources are three types of agencies which provide services for sexual assault survivors. These agencies are: police-based victim/witness assistance programs (PV/WA's), sexual assault/rape crisis centres (SAC's) and hospital-based treatment teams who have been specially trained to provide medical, forensic, and psycho-social services for survivors.

The research methodology was survey research, using a questionnaire with open and close-ended questions. Segments of the questionnaires were modified to address the special services and organizational structure of each type of agency. Data collection was a three-tiered approach in order to maximize the response rate. Questionnaires were administered either by in-person or phone interviews or were sent out and returned by mail. All known SAC's and PV/WA's were contacted and the response rate was approximately 50 percent (39 SAC's and 27 PV/WA's yielding usable responses). All seven hospitals known to provide the full range of services noted above cooperated with the study. Univariate and bi-variate statistical analyses were carried out. The consultants emphasize that the small number of cases and often smaller number of individual responses to questions set definite limitations to the levels of analysis possible.

A further caveat on the data is that though survivors' experiences with the criminal justice system was the central research issue, all data was from sources once-removed (i.e., the front-line agencies) because survivors themselves were not respondents to the survey. However, it was assumed that few if any survivors would be in a position to have personal knowledge about treatment of survivors both before and after legislative change.

## The Findings

The central research issue of this study is whether there have been changes in treatment of the survivor that could be traced to legislative change. Bearing in mind the limitations of the data noted above, it is clear that in terms of the perceptions of the respondents surveyed that the majority of the agencies feel that the treatment of the survivor actually has improved. There is a strong minority that feel that it has remained the same. None of the respondents evaluate the survivor's overall experience of the criminal justice system as having worsened.

However, attribution of the improvement to legislative change itself is only weakly supported. Where legislation is considered by respondents to be a factor, it is seen as leading to changes on the part of police and crown through: 1) increased awareness of the nature and impact on the survivor of sexual assault and thus a more respectful and sensitive treatment of them; and 2) more rigorous application of the law, in police enforcement and in charging. The defence bar was seen as little affected by legislative change, with only a few agencies noting that they had observed a somewhat more respectful treatment of the survivor and some tendency not to use prior sexual history of the survivor as such a large part of the defence strategy.

Those problems that were identified in treatment of the survivor were the other side of the improvement coin: attitudinal and procedural problems. That is, where no change was seen in police, crown or defence, negative attitudes toward and disrespectful treatment of the survivor were seen as still present, and police and crown were perceived as not applying the new laws as rigorously as possible.

Another important research issue was whether there had been a change observed by the front-line agencies in survivor access to the criminal justice system and the front-line agencies. Indicators of accessibility include whether there were changes in: the characteristics of the survivors coming to them, in the assailants, in the kind and severity of assault, and in survivor reporting behaviour. The data indicate that respondents observed little change in these indicators, though it must be emphasized that the respondents were, of necessity relying upon their recollections from the time before the law was changed, and exact details could be difficult to reconstruct for the survey.

The issue of accessibility as indicated by changes in reporting patterns was dealt with in some depth. While there was a sense that there had been an increase in the numbers of survivors reporting, there was a strong perception that the traditional reasons given for refraining from reporting remained the same. The most frequent response of the agencies as to why survivors still did not want to report was the survivor's fear of negative treatment by the criminal justice system. The next most common factor was the survivor's fear of the assailant, and nearly as frequently, fear of embarrassment and negative treatment by friends and family. Thus, it seems from these data that the negative perception on the part of the public about the criminal justice system's treatment of the survivor, and the public stigmatization of the survivor of sexual assault remain as significant problems to be resolved if those particular obstacles to access are to be appreciably lessened.

It was pointed out that it would be unrealistic to expect that legislative change per se could be solely responsible for change -- or the lack of it -- in such complex attitudes and behaviours as treatment of the survivor and accessibility to the criminal justice system. Other related factors such as availability of funding to enhance implementation, long-term training of professionals (including police, lawyers, judges, and service-providers), and to support community-based public education programming would also play a role in how the criminal justice system is perceived and how the survivor's experience is shaped -- an experience combining interaction with the criminal justice system, with service-providing agencies, and with the public (including family and friends).

The research issues related to the hospitals concentrated on the nature of their special services, their protocols for collecting forensic evidence and their assessment of the role that police or other front-line agencies played in treatment of the survivor in the hospital setting. All hospitals had special areas for private treatment of the survivor. All emphasized their attempts to insure that the survivor felt in control of the medical and other procedures and did not feel "acted upon."

Three of the seven used the Royal Canadian Mounted Police Adult Sexual Assault Evidence kit. Two of them and three of the remaining four hospitals noted that they found it cumbersome, time-consuming and expensive. Two of the hospitals using it appreciated the fact that the materials asked for were consistent and the procedures were standardized. There was no way to assess whether they thought that the use of this kit or others developed by the hospitals contributed to further traumatizing the survivor. Responses were contradictory and very small in number.

In terms of relationships with police and SAC's, all seven hospitals had positive relationships. They had worked out a clear division of labour. Police were not present during the examination of the survivor, though SAC workers could be, at the request of the survivor.

The most notable positive findings of the study are those related to the research issue of interrelationships between all three types of front-line agency and the criminal justice system and among the agencies themselves. Here there was a consistent picture of positive relationships between agencies and police and crown, and among the agencies. The few problem areas that were identified were seen as being resolvable by keeping lines of communication open and by clarifying domains of responsibility. Each felt that the other should be able to expand its services, its budget and its personnel.

## Policy and Research Directions-recommendations for the Future

Given the problem areas in treatment of the survivor, and in reporting behaviour that were noted in the findings, and given the methodological dilemma of not being able to know how much the public is aware of changes in the sexual assault legislation, the following combined policy and research directions are recommended:

1) That the Department of Justice Canada take a leadership role in developing educational, training and in-service course materials for the criminal justice system that will serve both to enhance awareness of the

nature and impact of sexual assault, and to assure more rigorous application of the new laws at enforcement and court levels.

2) That a national survey be done to assess the state of knowledge, particularly among women, of the current legislation and that the Department of Justice Canada sponsor the design and distribution of appropriate informational materials. This would include information on services, police and court procedures. Attention must be paid to avoiding duplication of effort on some parts of these materials, which are already available (i.e., local services to sexual assault victims).

3) Finally, in that sentencing was little covered in this study, we recommend a national statistical study of pre and post legislative changes in sentencing. This is a crucial issue in assessing change in the criminal justice system and in the general public approach to sexual assault and is well worth pursuing on the scale which only the Department could undertake.

# 1.0 THE CONTEXT OF THE STUDY: TERMS OF REFERENCE AND THE SOCIAL AND LEGISLATIVE FRAMEWORK

## A Note on Terminology

The reader will notice that throughout this report those who have experienced sexual assault are referred to as "survivors" rather than as "victims" (except where other sources are quoted). We were strongly encouraged by sexual assault centres, with whom we discussed the project in its design stage, to use the term "survivor" in our thinking and writing. They have come to use this word because the word "victim" can connote a person who has been helpless in a situation and who may well continue to be so. "Survivor," however, is seen as referring to a person who can and will rebuild her life after the trauma of sexual assault. It is thus seen as conveying a more positive perspective on women's ability to overcome severe difficulties. We agreed that this usage would be appropriate, as did our scientific authority for the study, and that this practice would make the report more acceptable to the full range of potential readership.

## 1.1 Terms of Reference of the Study

This study is part of a larger research program by the federal Department of Justice Canada to determine whether there is a relationship between legislative change and behavioural change. More specifically, it is a study of the possible impact of the 1983 changes in the sexual assault legislation as they may affect the quality of the survivor's experience with the criminal justice system. As the Request for Proposal stated, the goal is "...to assess the impact of the 1983 reform of the rape law in Canada on victims' experiences with the criminal justice system."

The data sources for this study are three types of agencies which provide services for sexual assault survivors. These agencies are police-based victim/witness assistance programs (PV/WA's), sexual assault/rape crisis centres (SAC's) and hospital-based treatment teams who have been specially trained to provide medical, forensic, and psycho-social services for survivors.

## 1.2 Social and Legislative Context of the Study: Sexual Assault and the Treatment of the Survivor by the Criminal Justice System

In order to understand the goals and value of a study such as this, we must first examine briefly the nature of sexual assault, and then look at the role that the criminal justice system has in the treatment of survivors with whom they come into contact. Because of the specific data sources designated for this study,we must also understand the role played by the front-line agencies themselves in the treatment of the survivors, within the context of the criminal justice system. This role is situated in both a social and legislative context, and we will address both briefly below.

### 1.2.1 The Nature of Sexual Assault and Survivor's Response

As we noted in our Proposal,

> In few areas of social existence do we find more dramatically illustrated the gap between "public issues and private troubles" (Mills; 1959, and Connelly and Christian-Ruffman; 1977). That is, [sexual assault] is an event that leaves most victims with feelings of extreme isolation, humiliation, helplessness and rage. Most victims seem to want nothing more than to treat this as a private experience, to put the experience behind them, sometimes at the expense of finding constructive ways to "exorcise" its damaging impact.
>
> At the same time, it is clear that if the incidence of sexual assault is to be reduced, and if in the meantime the generally negative experience of the victim vis-a-vis the criminal justice system is to be ameliorated, then the whole complex of assaultive behaviour, victim response, and the treatment of the victims within the criminal justice system must be exposed to rigorous and open study. (p.3)

### 1.2.2 The Role of the Criminal Justice System in Treatment of the Survivor

The nature of assaultive behaviour and the survivor's response are both important research topics. However, this study concentrates on the role of the criminal justice system in the treatment of the survivors. It is this issue which is most directly impinged upon by legislative changes. The criminal justice system is most closely connected to the design and implementation of legislation. It is the various components of the criminal justice system (police, crown attorney and defence attorneys, judges) that are the central institutional nexus between the survivor and the assailant.

All of these issues -- assaultive behaviour, survivor response, and treatment of the survivors within the criminal justice system -- are important research topics. This study concentrates on the last of these three topics, the behaviour most amenable to the influences of legislative change. That is, as members of society at large, members of the criminal justice system carry out their work within the framework of their own social values, and their own political and historical sense of the causes and effects of sexual assault.

Thus, their behaviour will be shaped by a web of influencing factors, some very subtle and perhaps even unknown at a conscious level. However, there also will be very explicit factors brought to bear on everyday work performance. These factors would include: knowledge of departmental or ministerial policies in relation to treatment of survivors (or offenders); knowledge of the law and precedents of implementation; assessment of public opinion about sexual assault; knowledge of the resources of police, courts, prisons, and supporting social services.

In the process of their work, members of the criminal justice system have varying degrees of contact with survivors and each interaction may leave an impact upon the survivor's overall experience of the assault. That there often is a negative impact from these interactions upon survivors of sexual assault is well recognized in both scholarly and popular literature.[1] We find a strong, but not unusual statement of this fact in the American criminology literature:

> Forcible rape is unique among crimes in the manner in which its survivors are dealt with by the criminal justice system. Raped women are subjected to an institutionalized sexism that begins with their treatment by the police, continues through a male-dominated criminal justice system influenced by pseudo-scientific notions of victim precipitation, and ends with the systematic acquittal of many de facto guilty rapists. The codification of sexism centers in the legal elements involved in proving guilt and obtaining convictions. In effect, the law's focus upon corroboration, consent, and character has established a standard of proof in rape cases that is more stringent than "beyond a reasonable doubt." (Robin, 1977; p. 136)

Though there is a clear recognition that processing through the criminal justice system often has a negative impact on the survivor, major questions remain about both the degree of impact and whether the negative aspects of survivor treatment can be reduced. There are many ways that the post-assault trauma of the survivor could be reduced, but for the Department of Justice Canada, the "pressure points" for influence are those areas of legislation, policy, and programming that are within its purview. Thus, the role of government in facilitating public education or increasing availability of funding to enhance implementation, or in providing more continuing education and training for police, members of the bar, or service-providing professionals -- all these potential government actions will play a role in how effective legislative change is in setting the context for social change.

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[1] Of course, a considerable number of people who have been assaulted do not report the attack, and one of the goals of changing the legislation was to increase accessibility of the criminal justice system for the survivor, beginning with facilitating reporting of the assault to police.

But this particular study will focus more specifically on the role that legislative change per se, has had in affecting the experience of the sexual assault survivor as she interacts with the police, the courts, and front-line service-providing agencies.

### 1.2.3 The Role of Service-providing Agencies in Treatment of the Survivor

The federal government is by no means the only institution that has attempted to reduce the post-assault trauma of the survivor. There have been a large number of individuals and groups that have brought their own distinctive concerns and approaches to assisting the sexual assault survivor--both as the survivor deals with the criminal justice system and as she strives to overcome in her daily life the physical and emotional trauma of sexual assault.

Some organizations, like police-based victim/witness assistance programs, concentrate on helping the survivor with police or court procedures. Sexual assault/rape relief centres bring to the survivor special skills in crisis management and longer-term support. There are a few hospitals that have set up specially designated teams of doctors who are trained in medical and psychosocial treatment of the survivor, as well as in the collection of forensic evidence when necessary.

As noted above, for the purposes of this study, the observations of these three types of service-providing agencies will form the data base. In order to understand better the nature of the agencies' own work and the context from which they make these observations, it is important to examine their own service policies and procedures, any changes they observe over time, and even how they interact among themselves and with the criminal justice system as they come into contact with sexual assault survivors.

Thus, this study not only provides an account of the agencies' assessment of changes in the treatment of the survivor by the criminal justice system, it also examines the agencies' accounts of how their own treatment of the survivor intermeshes with the personnel, policies and procedures of the criminal justice system.

### 1.2.4 The Legislative Context of Treatment of the Survivor

#### 1.2.4.1 Criticisms of the Laws and Their Implementation

The following four criticisms of the previous rape laws articulated over the years by the women's movement and by others interested in improving the fairness and humaneness of the criminal justice system:

1. The pre-1983 law directly contributed to under-reporting of rape by survivors and low conviction rates for offenders. That is, women did not report rape because they felt it was futile, and that the judicial option of applying a maximum sentence of life imprisonment had some inhibiting effect on a jury's willingness to convict on rape charges.

2. The laws expressed discriminatory attitudes toward women (i.e., that a man could not be charged with rape if the woman with whom he had non-consensual sexual intercourse was his wife).

3. The laws and courtroom practice led to survivors being subjected to tests of moral and social acceptability not applicable to survivors of other violent crimes. These tests were considered to be evident in the following procedural and evidentiary areas of the law:

    a) the rule with regard to corroborative evidence;

    b) the rules relating to evidence of recent complaint;

    c) the relevance of questions about the survivor's prior sexual activity.

4. The treatment of the survivors by police from the time of reporting and the treatment of the survivors in the court comprised a secondary victimization of the survivor by the criminal justice system. This victimization had many sources, including negative attitudes and practices of crown and defence attorneys and judges toward the survivor, neglect of the survivor's needs for information and guidance through the police and courtroom procedures, and ancillary problems arising out of insensitive treatment sometimes afforded the survivors during treatment and/or collection of forensic evidence at the hospital.

### 1.2.4.2 Legislative Changes in Response to Criticism

The federal government changed the rape law to establish finer gradations of the offence, and to desexualize and degenderize the nature of the offence.

The three gradations of the offence became:

1. sexual assault;

2. sexual assault with a weapon, threats to a third party, or causing bodily harm;

3. aggravated sexual assault, assault of the most violent kind.

These changes were intended to focus on the assaultive rather than sexual nature of the crime. This central change was intended to "...underline the violent nature of the offence of rape in order to minimize the stigma and trauma experienced by rape survivor and to encourage the reporting to police of incidents involving rape..." (quote from the Minister of Justice, Otto Lang, in reference to a previous version of changes in rape laws. Noted in Rioux and McFadyen, 1978) Thus, these changes could be linked to attempts to reduce discriminatory attitudes towards women, and to increase the number of convictions by allowing for finer distinctions to be made among degrees of assault (and hence, more gradations of sentencing would be logically and legally possible). An increase in reporting was also hoped to be one of the effects of these changes in levels of assault, as the criminal justice system was expected to be seen as more accessible to sexual assault survivors if the stigma of this assault was diminished by its redefinition, and if they could see that the enforcement net was cast more equitably.

In addition to these changes in offences, there were changes which addressed the discriminatory nature of the law; i.e., the exclusion of the husband from the charge of raping his wife, and the exclusive use of the female gender when speaking of the survivor. Now spouses can be charged with rape, and males as well as females can be charged with sexual assault or can be complainants in sexual assault cases. A number of changes in the legislation were expected to reduce the often considerable secondary trauma the survivors experienced during police and courtroom proceedings. Changes include:

a) the law expressly forbids the judge to instruct the jury that it is unsafe to find the accused guilty in the absence of corroborative evidence;

b) abrogation of the rule of recent complaint;

c) greater restrictions placed on the admissibility of questions of prior sexual history of the survivor;

d) increased attention to the issue of mistaken belief of consent of the survivor. The judge must now instruct the jury to consider the presence or absence of grounds for reasonable belief in determining whether or not the belief of the assailant that the survivor consented was honestly held. (Unfortunately, it is still not clear how to discern whether or not a belief is honestly held.)

All of these changes were seen as possibly contributing to changes in the way that the survivor-as-witness is treated in court and in other aspects of the secondary victimization of the survivor. There has been considerable research by the Department of Justice Canada to find out whether the intent of the law is being adhered to by the members of the criminal justice system. The present study also addresses this issue from the perspective of front-line agencies who are familiar with this aspect of the survivor's experience with the court component of the criminal justice system.

#### 1.2.4.3 Policy Responses to Changes in Legislation

This research brings up a major policy response made by the federal government--its commitment to carry out an extensive research program in order to assess the effectiveness of legislative change in achieving legal and social change related to sexual assault. This study is a part of that effort.

## 1.3 Research Issues and Tasks Arising Out of the Social and Legislative Context of the Study

In the whole complex of interactions between the sexual assault survivor and the criminal justice system, the central research issue to be explored is how changes in the 1983 legislation have affected treatment of the survivor. However, the client identified a number of related research issues that were to be pursued, some of which are more directly related to the relationship of changed legislation and the treatment of the survivor than are others. They included questions about the nature of services provided by the agencies, the agencies' observations about trends in the characteristics of survivors and assailants, and possible changes in reporting behaviour by the survivors.

The descriptions of the nature of services provided serve largely to set out the everyday context in which the agencies operate. It will be helpful for the client to have a current picture of how the agencies operate, how clients come to them, how they refer clients out, and how the agencies interact with each other (and components of the criminal justice system).

The trends in characteristics of survivors and assailants, and changes in reporting behaviour provide more potential for discerning whether there is increased accessibility to the criminal justice system and front-line agencies for the survivor and whether any increase could be linked to legislative change. And, of course, the agencies' descriptions of changes in the criminal justice system's treatment of the survivor can be examined specifically for any links the respondents can make between changed treatment and changed legislation.

In the Methodology section to follow, we describe how the study was designed and implemented in order to address as precisely as possible these research issues.

## 2.0 THE METHODOLOGICAL APPROACH

A survey method was used for this study, drawing upon three strategies of data collection, in order to assure the highest rate of return and the best quality data. The data collection methods were in-person interviews, phone interviews, and the use of self-administered mail-back questionnaires. The data sources were three-fold -- the "front-line" service-providing agencies: sexual assault centres, hospital-based sexual assault treatment units, and police-based victim/witness assistance programs.

The research instruments, the questionnaires, have elements that were common to each, and they also had other segments tailored to the types of interaction and services provided to the survivor by each kind of service-providing organization. They had both open-ended and closed-option questions. The questionnaire was developed after review of relevant literature, and after interviews with a number of representatives from each of the types of service-providing agencies (in Vancouver and Montreal). The content of the questionnaire concentrated on four main themes -- a description of the work each type of agency carries out; their observations on characteristics of survivors and assailants; their observations on changes in reporting behaviour by survivors; and their opinions on what changes--if any--have occurred in the treatment of survivors within the criminal justice system since 1983, and whether they could attribute any of these changes to the changes in legislation.

For data collection, we used a three-tiered approach in order to maximize the response rate. Therefore, there were in-person interviews conducted in Vancouver, Halifax and environs, Montreal, and Ottawa/Hull; phone interviews conducted for agencies in Calgary and Edmonton, Winnipeg, Regina and Saskatoon, London, Frederiction, Charlottetown, Stellarton, Pictou (Nova Scotia), Whitehorse, Yellowknife, and St. John's, Newfoundland; and the remaining agencies (approximately one-half of the total) received the self-administered questionnaires by mail and were contacted by phone half-way through the response period to encourage returns.

In terms of data analysis, all questionnaires were pre-coded to allow for maximum efficiency in data processing. Those questions that were open-ended were coded by Vancouver staff and then these results were added to the other data for analysis.

A combination of qualitative and quantitative data analysis methods was used. We were able to carry out a modest variety of descriptive statistics, including frequencies and cross-tabulations.

## A Note on Limitations of the Data

We would like to point out some limitations to the data, to the analysis that was possible, and to the conclusions that could be reached from the findings.

First, we were asking informants to assess pre- and post-legislative change in treatment of the survivor, though many of the agencies and individual staff members did not have pre- change experience in service provision. In particular, police-based victim/witness assistance programs and the specially trained hospital treatment team are very recent creations. Also, there is enough turnover in agency staff and volunteers that respondents were not necessarily greatly experienced in their work with survivors, no matter how long their agency had been in existence. (We were able to make some comparisons of responses of long-term and more recent workers, as we describe in the Findings section, and this did help some in clarifying the basis of evaluation, but this still is of limited utility.) Therefore, the overall strength of pre- and post-change comparisons is unavoidably weakened.

Secondly, the numbers of respondents in all cases was small. The response rate was good -- about 50 per cent in all -- but the actual numbers of respondents, and therefore of cell size for statistical analysis, is precarious indeed. The reader will, however, be fully apprised of all numbers dealt with and can make appropriate assessments of the generalizability of the findings.

Finally, and perhaps most importantly, the study was of changes in survivors' experiences of the criminal justice system and yet the survivors themselves were not the respondents. Rather, we had to rely upon the once-removed, arm's length impressions and observations of those who provide services to them. There is no question of the care with which the questions were answered, but at the same time the imprecision of impressionistic data is well-known. However, the respondents were not asked questions only about the survivors' experience. They were also asked about their own service provision, their own observations of the characteristics of their clients, of assailants and of reporting patterns. They also were asked to describe and evaluate their interactions with other agencies and with the criminal justice system. In these cases, the respondents were the primary data target group and here their responses leave the realm of "hearsay" and become first-person accounts.

## 3.0 THE FINDINGS

This study had one overall goal--to survey the front-line agencies to see whether changes in Bill C-127 led to changes in treatment by the criminal justice system of survivors of sexual assault. The terms of reference also required that there be a description of a number of related agency characteristics and activities, not all of which are directly related to answering the central research question about changes in treatment of the survivor.

One important expansion of the research goal was to examine how the front-line agencies themselves, not only police, crown and defence attorneys, may have changed in their treatment of the survivor as a result of legislative change.

There were also a number of questions to be answered about the structure and service provision of the agencies, about their relationship with other agencies serving survivors, about whether these relationships were problematic and what might be ways of resolving any problems.

Given the breadth of these research questions and the range of data that had to be gathered, the links among all the data and the central question of changes in treatment of the survivor are not always direct. However, at the very least we could describe what we did find out about each research question, and when the data could be linked to changes in treatment, then these links were made.

As we move to a presentation of these findings, the results will be presented in this order:

1. We will set out the structural and service context of the three types of agencies: SAC's, PV/WA's, and hospital treatment teams. Our descriptions will include answers to questions posed in the Terms of Reference about whether there have been changes in the socio-economic status of agency clientele and of the assailants; whether there are any changes in reporting behaviour and what may account for this; and how the agencies themselves interact with each other--including referral policies, interagency problems, and suggested solutions.

2. Next is the presentation of the findings for the central research question--changes in treatment of the survivor and perceived reasons for this. Here we will have the most data on the SAC's and PV/WA's and the analysis concentrates on them.

We must point out that the extremely small number of hospital teams (seven across the country that meet the study criteria) makes it very difficult to make interagency comparisons that include hospital data. Also, for many of the questions, the hospitals felt that they did not have enough information upon which to base a response.

Therefore, if there were under four hospital responses, we did not include their perspective in a given section. However, the questionnaires were adapted to present special questions directed to the hospitals, which concentrated on their distinctive service provision, their work to insure sensitive and positive forensic, medical, and psycho-social assistance to the survivor, and their relationship with police and other agencies. These findings will be covered at the end of the Findings section.

**A Note on Presentation of Numerical Results**

The numbers of respondents and responses were often very small, (27 PV/WA's, 39 SAC's and seven hospitals) It was not uncommon for the actual number of responses to be much smaller, often a reflection of the fact that those respondents interviewed in person or by phone were more complete in their responses than those who were surveyed by mail. In order for the presentation of results to be as clear as possible, whenever there are 17 or fewer responses from either the SAC's or PV/WA's, we supply raw numbers, and where there are larger responses we use both the raw number and the appropriate percentage. For the seven hospitals we could use raw numbers only. In general, questions with no response or an unintelligible response were treated as missing data and not included in any counts or percentages given. Exceptions are clearly pointed out in the text.

## 3.1 The Front-line Agencies: Profile, Services and Clientele

### 3.1.1 Descriptive Profile of the Front-line Agencies

In order to develop a context in which to understand the variety of responses obtained from the three different types of agencies in our sample, we asked a number of questions regarding the organization and services provided by each agency. These responses are discussed in the following sections.

### 3.1.1.1 Regional Distribution of Sample

**Sexual Assault Centres (SAC's)**

We received most of our responses from four provinces. These were British Columbia. (seven centres), Saskatchewan (six centres), Ontario (eight centres), and Quebec (10 centers). Alberta was represented by three centres, Manitoba by one centre, and the Atlantic provinces by four centres. One centre responded in Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland respectively.

**Police based Victim/Witness Programs (PV/WA's)**

Police-based victim/witness assistance programs are very unevenly distributed across Canada, with the majority being in B.C. and Ontario. Therefore, as can be expected, the majority of our sample of PV/WA programs were in those two provinces. In our final sample of PV/WA's, 12 (44.4 per cent) of the 27 programs were in B.C., nine (35 per cent) were in Ontario, three (11.1 per cent) were in New Brunswick, and there was one in Alberta and one in Quebec. Only one program did not indicate its locale.

**Hospitals**

The hospital-based treatment teams -- defined as having a specialized rota of doctors trained to provide medical treatment and psycho-social support and collect forensic evidence -- were located in only four provinces. There were two in B.C., two in Ontario, two in Quebec and one in Nova Scotia.

### 3.1.1.2 Number of Years in Operation

**Sexual Assault Centres**

Many of the sexual assault centres in our sample have been in operation for a number of years, with 16 of the 39 responding centres having been open 10 years and over. In fact, close to 87 per cent (34 respondents) of the centres have been open five or more years. The longest-operating sexual assault centre has been open for 14 years (one centre) and the shortest time reported was by one centre which has been open for two years. The sample appeared to be split around the six year mark with 50 per cent of the sample having been open for six years or less and another 50 per cent having been open for over six years.

**Police-based Victim/Witness Assistance Programs**

In contrast to the sexual assault centres, the police-based victim/witness assistance programs were relatively new. Ten (37 per cent) of the 27 victim assistance programs in the sample have been in operation for only one year. The longest-operating victim assistance program has been in existence for nine years. This is however, an exception, as over 24 (89 per cent) of the 27 victim assistance programs in the sample have been open for five years or less. What this means for the study is that very few of these programs have any kind of pre-Bill C-127 experience with sexual assault survivors, so it was difficult to obtain detailed pre and post legislative change comparisons. However, we believe that the PV/WA's are fully capable of making assessments of change within these last few years, and this is indeed valuable to the study.

**Hospitals**

There was also quite a range in the length of existence for this segment of respondents. The longest-operating team has been in existence for 10 years and the most recent has been operating for two years. Four of the seven teams reported that they have been in operation for six or more years and three of the seven teams reported that they have been open for two to four years.

### 3.1.1.3 Paid and Volunteer Staffing

**Sexual Assault Centres**

**Paid Staff**

The number of paid staff reported for the 37 sexual assault centres in the sample which responded to this questions ranged from one to 15 paid staff. Over 50 per cent (19 of the 37 centres) had two or fewer paid staff. Fourteen of the centres had between three to five paid staff and the four remaining centres reported having six, nine, 11, and 15 paid staff, respectively. It should be noted that those centres which had over nine staff were most likely operating on a variety of grants such as the federal government's Job Development Program. These centres were probably offering several types of services to women within the same establishment, under the same overall budget, but with only a percentage of the staff actually providing assistance to sexual assault survivors.

**Volunteer Staff**

More often than not there is a dedicated core of volunteers who regularly participate in the ongoing activities of the centres, while others will become involved for special projects and larger activities. Therefore, it is important to note that the overall numbers of volunteers can change from time to time. Thus, the figures reported by the various agencies should only be taken as accurate for that given time and are probably less revealing of staffing trends than the figures on paid staff positions.

The SAC's in the sample had a very large range of numbers of volunteers - from four to 80. Twenty-one (55 per cent) of the 38 responding SAC's had 20 or fewer volunteers, 13 had between 21 to 50 volunteers, while four had over 50 volunteers.

### Police-based Victim/Witness Assistance Programs

#### Paid Staff

Twenty-four of the PV/WA's responded to this question and they reported a much smaller range of numbers of paid staff. Nineteen (79 per cent) of the responding programs reported two or fewer paid staff. One program reported four paid staff. Three programs had six paid staff and one program had seven paid staff.

#### Volunteer Staff

Only 16 of the 27 programs gave responses to this question. Of these 16, they reported a range of four to 150 volunteers with seven respondent programs having 20 or fewer volunteers, five having volunteers in the 21 to 50 range, and four with over 50 volunteers. Three programs had well over 100 volunteers. These quite impressive numbers arise out of the victim/witness program tradition of relying significantly on the use of volunteers to perform direct service to victims of a wide variety of crimes. Also, some of these programs operate a 24 hour mobile service which requires a large number of volunteers to manage.

### Hospital-based Treatment Teams

The number of doctors on the hospital sexual assault teams ranged between two and 25. One hospital had the two doctors, two had 12 doctors, two had 15, one had 20 and the remaining hospital had 25 on the team.

## 3.1.1.4 Financial Organization: Funding Sources and Annual Budget

#### Sources of Funding

Thirty-eight of the 39 SAC's and 26 of the PV/WA's responded to the questions about funding sources. For both the PV/WA's and the SAC's the major source of funding was government. This included municipal, provincial and/or federal government. Of the 38 SAC's that responded, 79 per cent had some form of government funding -- 26 per cent reported fund raising, and 33 per cent reported non-government sources such as United Way. (Agencies could receive and thus report funding from more than one source and many did.)

Twenty-two (81 per cent) of the 26 responding PV/WA's reported receiving government funding, three (11 per cent) received funding from fund raising efforts, and eight (30 per cent) received funding from agencies such as United Way and other non-governmental sources.

The hospital teams received their funding from a number of different sources, which included their provincial medical plans, contract agreements with the local police for the collection of forensic evidence and funds from social services ministries and hospital funding.

**Annual Budgets**

It should be kept in mind that often these front-line agencies have a variety of ongoing projects and programs which receive funding from various sources. The figures reported here are the total budgets for the agencies and may not reflect the actual budget for service to sexual assault survivors only. It was not possible to separate out the actual budgets used solely for services to sexual assault survivors.

**Sexual Assault Centres**

Thirty-three of the 39 centres responded to this question. The budgets for the SAC's in the sample ranged widely, from $2,000 to $430,000. Eighteen (55 per cent) had an annual budget of $42,000 or less. Ten of them (30 per cent) had a budget of over $100,000. Another six (18 per cent) of the centres had budgets between $70-80,000.

**Police-based Victim/Witness Assistance Programs**

The annual budgets for the PV/WA's were fairly similar to the SAC's. Twenty-two of the 27 PV/WA's responded to this question. The smallest budget reported was $1500, (one program) and the largest reported budget was over one million.

However, 11 (50 per cent) receive budgets of $40,000 or less, with six (27 per cent) having budgets in the $45,000 to $80,000 range and five (23 per cent) having budgets of over $100,000. (It is felt that the program which reported a budget of one million dollars may have reported the budget for the entire police department, of which they are a part, rather than simply reporting the budget for the victim/witness program alone.)

### 3.1.1.5 Services Offered by Front-line Agencies

**Sexual Assault Centres**

There are certain services that all 39 of the sexual assault centres provide to the public. These are: crisis line, counselling, information and advocacy, referrals to other agencies, and public education (both for schools and the general public).

As well, over 95 per cent (37 centres) provided hospital, police and court accompaniment to survivors, and 80 per cent (31 centres) made third party reports if the survivor did not want to go to the police. Some of the less frequently mentioned services included offering self-help and survivor support groups (21 per cent or eight centres), safe home networks (eight per cent or three centres), and political lobbying and research (eight per cent or three centres).

**Police-based Victim/Witness Assistance Programs**

Twenty-six of the 27 PV/WA programs responded to this question. The responses for these programs were not quite as consistent as the SAC's. Ninety-two percent (24 programs) offered information, advocacy, and referrals to other agencies; 18 (69 per cent) of the responding programs offered public education; 14 (54 per cent) offered hospital accompaniment, 13 (50 per cent) offered accompaniment to police processing, and 15 (58 per cent) provided court accompaniment for survivors. Twelve (46 per cent) responding programs offered counselling, nine (35 per cent) had a crisis line, and six (23 per cent) did third party reports.

**Hospitals**

As can be expected, all of the specialized hospital-based treatment teams conducted medical exams and collected forensic evidence for the police if requested. In addition to this basic service, four of the seven teams also provided psycho-social care and follow-up, and one team mentioned that they provided survivors with assistance with court procedures.

### 3.1.1.6 Number of Sexual Assault Survivors Served

**Sexual Assault Centres**

Thirty-seven of the 39 SAC's surveyed responded to this question. They reported a very wide distribution of number of survivors seen by the SAC's in the past year. Eleven (30 per cent) of the centres have seen 90 - 200 survivors, another seven centres (19 per cent) have seen 200 - 300 survivors, six (16 per cent) have seen 400 - 600 survivors, and two centres have seen 1000 - 3000 survivors in the past year.

### Police-based Victim/Witness Programs

Twenty-one of the 27 PV/WA's responded to this question. It should be kept in mind that the PV/WA's see all types of victims of crime and sexual assault survivors are only a small portion of their overall caseload. This is why the PV/WA's saw fewer survivors than did SAC's. Sixty-two percent (13) of the PV/WA's saw 50 or fewer survivors, another three programs saw between 60 to 100, and another four programs reported seeing 150 to 300 survivors.

## 3.1.1.7 Interagency Relationships: Referrals, Problems, and Suggested Solutions

### Referral Policies

When we are examining how survivors proceed through the system, it is important to understand that agencies do not operate in isolation either from other agencies or apart from the larger social and political context. It is likely that the best possible service is provided when all agencies concerned work together cooperatively for the interests of the survivors. We had questions about the referral practices and policies among the agencies because referrals are the most immediate and tangible evidence of one agency's interactions with another. Obviously, a service is only accessible if people know about it or they are referred there by another agency. Additionally, to get a clearer view of the tenor of interagency relationships, we asked the agencies to rate their relationships with various other agencies, in terms of facilitating their own service to survivors. We then asked them to describe any problems they were having with a particular agency and to suggest solutions to these problems.

### Referrals In -- How clients come to the agencies

The three agency types were asked to approximate the percentage of the overall caseload which was referred to them from each of the following: self referral, police, hospitals and social services and other sources not included in the above (family, friends, etc.).

## Sexual Assault Centres: referral sources

### 1. Self Referrals

The 38 responding SAC's indicated that most often, a survivor would call or just walk in without mentioning how she knew of the service. When a referral source was mentioned, however, the most common form of referral was self referral, nineteen (50 per cent) of the responding centres reported self referral accounting for over 50 per cent of their referrals; nine centres (24 per cent) reported that 25 per cent of their clients were self referrals and eleven centres (29) reported self referrals running between 30 per cent to 50 per cent of their clients.

### 2. Police

Thirty-three SAC's said they received referrals from police. Fewer referrals to the SAC's came from the police than from other sources. Three centres did, however, indicate that police referrals constituted between 33 per cent and 90 per cent of their caseload. Twenty one centres (64 per cent) reported police referrals at between 10 per cent and 25 per cent. Nine of the 33 (27 per cent) responding SAC's said that referrals from the police accounted for five per cent or less of their caseload.

### 3. Hospitals

Thirty-two SAC's answered that they had referrals from local hospitals. One SAC stated that referrals from hospitals accounted for 75 per cent of their caseload. Nineteen of the 32 SACS (59 per cent) which responded said that referrals from hospitals constituted less than 15 per cent of their caseload; ten SAC's (31 per cent) indicated hospital referrals at between 15 per cent and 30 per cent of their clients; and two SAC's (six per cent) indicated hospital referrals bringing in 40 per cent of their caseload.

### 4. Social Service Agencies

Twenty four SAC's cited social service agencies as a referral source. Eight if these centres (33 per cent) reported social service referrals at 10 per cent or less of their clients; fourteen SAC's (58 per cent) reported between 15 to 30 per cent and; two reported between 40 per cent to 45 per cent.

5. Other

Other included community agencies, family, friends and private therapists. Twenty-three SAC's reported 'others' as referral sources. One centre said that 45 per cent of their referrals come from these sources. Thirteen (57 per cent) of the responding centres said that between 15 per cent and 30 per cent of their referrals come from these sources. Nine (39 per cent) of the SAC's reported that 10 per cent or less of their referrals come from other sources.

**Police-based Victim/Witness Assistance Programs: referral sources**

1. Police

As might be expected, the PV/WA's received most of their referrals from the police. In that many of these agencies are actually located within the police department and it is within their mandate to work closely with the police, it is not surprising that the majority of their referrals come from this source. For the 17 programs which answered, 85 per cent received 84 per cent of their referrals from the police.

2. Self-Referrals

For the 15 PV/WA's that indicated that they received self referrals, five (33 per cent) indicated between 50 per cent to 80 per cent5 of their clients were self referrals, five (33 per cent) reported between 20 per cent to 40 per cent from this source, and the remaining five of the 15 (33 per cent) responding reported that this source represented 10 per cent or less of their case load.

3. Hospitals

Only five PV/WA's indicated hospitals as a referral source. Three indicated that referrals from hospitals accounted for between 10 per cent and 20 per cent of their caseload and the remaining two responding PV/WA's reported that referrals from hospitals accounted for less than five per cent of their caseload.

4. Social Services

PV/WA's also received referrals from social service agencies. Twelve PV/WA's reported that they received referrals from social services. Three reported over 40 per cent of their clients were referred from social service agencies. Six reported between 13 per cent and 25 per cent of clients from this source and three of the responding programs reported that referrals from social services account for 10 per cent or less of their referrals.

5. Other

Only four PV/WA's reported that they received referrals from other sources and these referrals constituted less than 10 per cent of their caseload.

### Hospitals

For the hospitals, it was apparent from our preliminary interviews that the questions about referral practices were not exactly germane. That is, survivors tend to be brought directly to the hospital for the very specialized medical services. Therefore, we asked the hospital teams what percentage of their 1987 cases came to the hospital either alone, with police, with a SAC worker or with family and friends. On average, the majority (83 per cent) of the survivors coming into the hospital arrived with the police, 14 per cent arrived with either family member or friend, and another two per cent arrived alone.

Only two hospitals noted that SAC workers accompany survivors to the hospital. There was one hospital that stated over 60 per cent of the sexual assault survivors they saw were accompanied by both a SAC worker and a police officer, and another stated that 10 per cent arrived with a SAC worker.

### Referrals Out -- sending survivors for other services

For both the SAC's and the PV/WA's in the sample, the basic referral policy is to offer the survivor a variety of services and refer the survivor to the relevant agency for services if the survivor requests it. Of the 15 SAC's that responded to this question, 13 (87 per cent) left it up to the survivor to decide whether she/he wanted to be referred elsewhere for other services. Twelve of the 14 (67 per cent) responding PV/WA's stated that they left the choice of referral targets up to the survivor. However, three of the responding PV/WA's said that they do make outside referrals if the survivors symptoms are severe and the need for long term counselling is indicated.

### Hospitals

The referral policies for the hospital teams differed somewhat from each other. Three of the seven teams stated that they offered referrals to all survivors. One said they referred only if the survivor requested a referral. Yet another stated they only refer for victim compensation counselling, and another hospital had all required services within the hospital setting so no outside referral was necessary.

### Referral Target -- Suggested other sources of assistance

It was clear from our preliminary interviews, and it is discussed in the literature, that the trauma of sexual assault can have far-reaching impacts. The survivor may at first have relatively specific needs -- for comfort, for medical treatment, for a safe place to go. But they may suffer long-term emotional and physical damage that can make the whole gamut of everyday life much more difficult. Problems with work, with housing, with re-building social networks, and with maintaining good overall health can arise or be much exacerbated. We asked questions about the range of referrals that were suggested by the front-line agencies as they tried to help the survivor put her life together again.

### Sexual Assault Centres

The sexual assault centres referred survivors to a variety of other types of agencies. Of the 34 centres responding to this question, over 74 per cent (25) of the centres mentioned referring to a wide range of other community services, such as family services, drug and alcohol counselling, victim/witness assistance services, to name a few. Almost 60 per cent (20) of the SAC's mentioned that they referred to therapists. Fifty percent (17 centres) referred to their own in-house programs and 18 per cent (six centres) referred to other professionals such as lawyers and paralegals. (Respondents could give more than one answer, and thus percents add to more than 100.)

### Police-based Victim/Witness Assistance Programs

Twenty-four of the PV/WA's responded to this question. The agencies to which the PV/WA's referred survivors are very similar to those agencies mentioned by the SAC's. Fifty-eight percent (14 programs) stated they referred survivors to various community services such as the types noted above. As well, 58 per cent (14 programs) referred to SAC's, 54 per cent (13 programs) referred to both individual and group therapists, and 25 per cent (six programs) referred to safe houses and to their own in-house programs. (Respondents could give more than one answer, and thus percents add to more than 100.)

### Hospitals

All of the hospital sexual assault treatment teams stated that they always referred survivors to SAC's and to the survivors' own doctor for medical follow-up. Two mentioned that they referred to survivor support groups, and one team stated that they referred to the hospital social worker, to sources of long-term counselling and for legal help if required. Only one team said that they referred survivors to the local PV/WA.

### Interagency Relationships -- problems and suggested solutions

Next we turn to the examination of any problems identified by the agencies as existing within their network of interactions with other survivor services. We asked the SAC's and the PV/WA's to rate their relationships with the police, crown, hospital teams, PV/WA's, and SAC's. We used a three-point scale where one is a positive relationship, two is a neutral relationship and three is a negative relationship. It should be noted that the numbers of valid responses are especially small in relation to agency interactions as there are very few cities with all three types of services. This is particularly true for full service hospital-based teams. This resulted in a large number of "not applicable" responses. As is true for the entirety of this report, these N/A responses are not included in the numbers or percentages presented. However, it is important that the reader know that this series of questions about interaction among agencies is the only part of the survey where the "not applicable" responses are numerous and have a logical relationship to the circumstances in which the services operate.

### Agency relationships with police

A relatively high percentage of both SAC's and PV/WA's rated their relationship with the police as positive. As will be noted this does not mean that, in either case, their relationship is entirely problem free but their overall assessment is positive. Thirty-four of the 39 SAC's and 21 of the 27 PV/WA's responded to this question.

Of the 34 responding SAC's, 56 per cent (19) rated their relationship with the police as positive. The PV/WA response was decidedly more favourable, with 20 of the 21 (95 per cent) responding PV/WA's giving a positive assessment. This is perhaps to be expected, considering that PV/WA's are police-based and there is probably a self-selection process in who is attracted to service to the survivor in this organizational framework.

SAC's on the other hand, have arisen from a very different context, one of the primary motivators of their creation being dissatisfaction with police treatment of sexual assault survivors. It is quite possible to interpret the response of these 19 SAC's as a strikingly large proportion of positive evaluations of their overall relationship with the police.

The range of response is greater for the SAC's, in that five (15 per cent) of the responding SAC's rated their relationship with the police as negative and 29 per cent (10) rated it as neutral. In contrast, none of the 21 responding PV/WA's rated their relationship with the police as negative and only one rated it as neutral.

If we combine the positive and neutral assessments we see that over 85 per cent (29) of the SAC's have what could be assumed to be a workable relationship with the police. If we combine the positive and neutral ratings from the PV/WA's, we find that all of the respondents rate their program as having positive working relationships with the police. This is a very interesting and perhaps significant finding, as it is only when the exchange of information and referrals is open and frequent that survivors' needs can be adequately addressed. Therefore, it appears that for the most part the police and SAC's feel themselves to be keeping the lines of communication open as do the responding PV/WA's (though this is much more to be expected).

### Agency relationships with Crown

Thirty-five of the 39 SAC's and 24 of the 27 PV/WA's responded to this question, Twenty-one (60 per cent) of the responding SAC's rated their relationships with the crown as positive. Thirteen (37 per cent) rated this relationship as neutral and only one (one per cent) saw it as negative. In comparison, 83 per cent (20) of the 24 responding PV/WA's rated their relationship with the crown as positive. Seventeen percent (4) said it was neutral, and none rated the relationship as negative.

Again, in terms of the positive ratings, we see that the PV/WA's rate their relationship with crown higher than do the SAC's. In that some PV/WA's do court preparation for victims of crime, and this requires a fairly close liaison with the crown this could contribute to the more positive relationship. However, for both types of agencies the percentage of positive relationships is quite high and shows an overall positive relationship between the agencies in the sample and other criminal justice system personnel.

### Agency relationships with Hospital-based Teams

In many areas a specialized hospital team for sexual assault survivors doesn't exist. In fact, it was only after much research and many phone calls that we could find the seven specialized hospital teams that participated in the study. (Each team contacted co-operated fully with the project.) This accounts for the very low response rate from the other agencies in terms of their relationships with hospital teams (21 said the question was "not applicable")--there just are not very many of them with which to interact. However, 17 SAC's did respond to this question, with 76 per cent (13) rating the relationship as positive, and 17 per cent (3) as neutral. Only one SAC saw their relationship with the hospital as negative.

The PV/WA's also had a large number (14) of "Not Applicable" responses, but of those 12 programs which responded, six rated their relationship as positive and the other six rated that relationship as neutral.

### Agency relationships with Police-based Victim/Witness Assistance programs

Once again there was a large number of "Not Applicable" responses for this category, because of the fact that PV/WA programs are by no means spread uniformly across the country. We found that for the SAC's there were only 12 responses to this category with 23 centres stating it was not applicable. Of those who answered eight centres rated their relationship as positive, another two centres said it was neutral and finally, another two centres rated it as negative.

Of the 20 PV/WA's who responded when asked to rate their relationship with other police-based victim programs, a very high proportion (95 per cent, or 18) stated it was a positive relationship and another 20 per cent (four) said they consider their relationships with other PV/WA's as neutral.

### Agency relationships with Sexual Assault Centres

Here we posed the parallel question, asking the agencies for a rating of their relationship with other SAC's. For the 23 SAC's in the sample who responded, there was a high of 91 per cent (21) who rated their relationship with other SAC's as positive and two centres (nine per cent) rated it as negative. There were no ratings of neutral for this category and there were 16 not applicable responses.

The PV/WA's also rated their relationship with SAC's as very positive with a high of 90 per cent (19 out of 21 responses). One program rated it as neutral and one stated they had a negative relationship with SAC's.

Overall, it would seem that the relationships among the various PV/WA and SAC's who actually are in contact with one another, are generally positive. However, there are some difficulties, as we will discuss next.

**Relationships Among Agencies -- Problems Identified and Suggested Solutions**

In this section, we asked the SAC's and PV/WA's who had rated one or more of their relationships with the above agencies as negative to pick the most important of these negative relationships and describe the agency type, problem and how things could be improved.

There were 18 SAC's and four PV/WA's which responded to this question. It is interesting that there are more responses to this question than there were overall negative ratings. Logically, this would indicate that although some agencies are having specific problems with another agency they still do not define the overall relationship as negative.

For the SAC's, the responses centred on two major problem areas, with both the police and the crown. One of these major problem areas is that both police and crown were perceived as not cooperating with, or referring survivors regularly to, the local SAC. Nine (50 per cent) of the centres responded in this manner. The other main problem noted about relationships with the police and crown is that both are perceived as continuing to treat the survivors with disrespect and disbelief and are considered to be insensitive and ignorant of the impact of sexual assault on survivors. Another nine (50 per cent) of the centres responded in this manner.

The solutions suggested for these two areas were also similar. For the first problem of lack of cooperation with the SAC's, the suggestions were that both the police and crown should have a standard policy of referring survivors to SAC's and they should cooperate with the SAC workers if they are involved in a case.

The second problem type was seen as being ameliorated by developing a specialized sexual assault squad incorporating women on staff. Crown was also urged to have more female lawyers available. And generally, for both police and crown, it was suggested that they institute specialized training and education for their staff about issues related to sexual assault.

Four PV/WA's responded to this question. Three of these reported problems with SAC's; two of these three programs said that their local SAC had a distrustful attitude toward them, in that SAC workers were seen as not trusting the criminal justice system and this was seen as leading the SAC's to encourage survivors not to report to the police; the third PV/WA program stated that often the SAC workers destroyed a case by asking the survivor leading questions before the police had a chance to interview her. The fourth response category concerned a hospital where the respondent felt survivors had to wait too long for an exam.

PV/WA's suggest that communications with SAC's be improved and that SAC workers should have a policy of not questioning the survivor about the assault without the police being present. As for the problem of the distrustful attitude, both PV/WA's stated that they have tried to improve communication with their local SAC, but with no success. For the PV/WA which noted the problem of the long wait at the hospital, their suggestion was for hospitals to have specific guidelines to deal with survivors.

Apparently, the SAC's experience more interagency problems than do the PV/WA's. Again, this could be due to the different nature of their work, to the numbers of survivors that they see, how long the centres have been in operation and how disillusioned or burned out staff may become, and of how much they may suffer from an image problem that colours interagency relationships in a negative way. Unfortunately, the parameters of this study did not allow for further exploration of this issue.

### 3.1.1.8 Summary Discussion

The overall picture emerging from the data on relationships among the agencies, and between the agencies and the criminal justice system is a positive one. With 85 per cent of SAC's finding their relationship with police at least neutral and 97 per cent finding their relationship with crown at least neutral. All of the PV/WA's found their relationship with both police and crown to be at least neutral. Moreover 56 to 60 per cent of SAC's found their relationship with police and crown to be positive and between 83 and 95 per cent of PV/WA's characterized their relationship as positive. With this high rate of positive responses it seems likely that there is a significant degree of co-operation.

The SAC's and PV/WA's rate their relationships with hospitals and each other similarly positively. In all cases, however, the PV/WA's have proportionately more positive responses, but the differences are not dramatic and both SAC's and PV/WA's fall well into the positive range.

The problems between the agencies and the police and crown are not sufficiently bothersome to cause more than five SAC's and seven PV/WA's to register overall negative ratings of the relationship with police and crown. However, we do find nine SAC's saying that they do have problems with police and crown in terms of lack of co-operation with their SAC and a continued disrespectful treatment of the survivor by both police and crown.

Here the suggestions for improvement were that communications be improved among them (including increased referral of survivors by police to

SAC's), that special police and crown units be set up to deal with sexual assault and that these units include (more) women, and that police and crown receive more education and training around the issue of sexual assault and how to deal empathetically with survivors.

The only other interagency problems were noted by a very few PV/WA's who said that they had problems with SAC's. For the PV/WA's there were some problems with their local SAC not being sufficiently cooperative with police procedures, and one PV/WA found their local SAC generally distrustful of the PV/WA program.

For solutions the PV/WA's suggested a clarification for the SAC's of the division of responsibility between SAC's and the PV/WA's and a general improvement of communication between themselves and the problematic SAC.

Overall then, it appears that the agencies, the police, and crown are working fairly cooperatively, with a reasonable understanding of each other's work, and a minimum of disruptive attitudes or behaviours.

### 3.1.2 Changes in the Characteristics of Sexual Assault Survivors, Assailants, and Sexual Assault Incidents

An important area of inquiry in the complex domain of sexual assault is whether there have been any changes since 1983 in the following: the characteristics of the survivors who request services from the front-line agencies; changes in characteristics of the assailants; or changes in the actual sexual assault incidents themselves. There are several reasons for the interest in possible changes.

The central research issue here is whether some of the major changes in the legislation could have affected the overall accessibility of the criminal justice system and the front-line agencies, both of which may be an integral part of the survivor's post-assault experience (if, in fact, they bring themselves or are brought into contact with the police, etc., or any service-providing agencies). Specific changes in the law included extending coverage to spouses, making the law gender neutral, and placing restrictions on the admissibility of questions directed at prior sexual history of the survivors. Thus, it is of interest to examine whether since. 1983, there have been more spouses requesting service, more men as survivors, or whether there have been more survivors seeking assistance whose sexual history would have prevented them, in the past, from requesting services or pursuing charges.

Another major change was to broaden the scope of behaviours that could be considered sexual assault (i.e., the law now included anything from fondling to vaginal penetration). This extension of coverage could in turn affect the characteristics of the sexual assaults experienced by those coming to the attention of the front-line agencies, as different and perhaps more "minor" assaults could now be defined as rape in the common parlance and thus lead survivors to see themselves as eligible for service from the front-line agencies.

Any or all of these changes in the law could contribute to lessening the stigma of sexual assault, which in turn might make it easier for a survivor to report the assault to police or to approach front-line agencies for assistance.

We will present our findings on characteristics of survivors and assailants immediately below and then move to a closely related area--possible changes in reporting behaviour. Before doing so, however, we must repeat an aspect of the qualifications stated in the Methodology section, about the limitations of the data. That is, the front-line agencies are not in a position to make a systematic study of the characteristics of the survivor, assailant, or assault incident. They do not have the time or money, and it is a much lower priority than providing much-needed direct assistance to sexual assault survivors. However, they are in a position to have some impression of these characteristics, and it is of value to glean what we can from their observations.

#### 3.1.2.1 Changes in the Characteristics of the Survivor

For the first question, about whether the agencies in the sample have perceived a difference since 1983 in the general socio-economic characteristics of the survivors requesting service, there was a fairly high agreement among the agencies. The majority of all three agency types either did not know or thought there had been no change in the characteristics of the survivor requesting service.

Sixty-two percent (23) of the 37 SAC's which responded to this question said that they had not perceived a change or did not know of any change, while 38 per cent (14) of the responding centres stated that they had seen a change in the characteristics of the survivors since 1983. Fifty percent (12) of the 24 PV/WA's which responded did not know if there had been a change. Twenty-five percent (six) stated that there had been a change and 25 per cent (six) stated that there had not been a change in the survivor characteristics.

The seven hospital teams which responded had more of a consensus of opinion, with five teams stating that they had not seen a change in the characteristics of the survivor. Only one hospital team stated that they had noticed a change and one team stated that they did not know whether there had been a change.

Of course, we need to know what kinds of change were seen, to the degree that change was noted. There were very few responses here, but for those agencies that responded that they had noticed a change, two SAC's and two PV/WA's stated that they had seen more married women than before. Three SAC's and one PV/WA had noticed more street people and/or prostitutes requesting service. Only one SAC stated that they had seen a change in the sexual orientation of survivors (more homosexual men and women). Three SAC's and one PV/WA reported that they had noticed an increase in younger survivors and one SAC stated that there had been an increase in older women using their services. Four SAC's and one PV/WA stated that they had noticed more Native survivors using their services. One SAC and one PV/WA mentioned seeing a broader spectrum of survivors and one SAC said they had seen more disadvantaged women as survivors. Only one agency, a SAC, said that they had seen more men as survivors than before.

A slightly larger number of agencies mentioned that there had been a change in the survivor's relationship with the perpetrators. Two SAC's and two PV/WA's noted this. Three SAC's and one PV/WA said that they now see more survivors who are assaulted by a date or boyfriend, and one SAC and one PV/WA reported that there are now more married survivors with complaints of their husbands assaulting them. As well, two SAC's stated that there are more survivors who come saying they are assaulted by a relative.

The one hospital which had noted a change said that they have noticed more prostitutes and gay men requesting service than before.

#### 3.1.2.2 Changes in Characteristics of the Assailants

When the respondents were asked if they noticed any change in the characteristics of the assailants, the majority of all three agencies stated that they had not noticed any change. Of the 32 responding SAC's 19 (59 per cent) stated that they had not noticed any change, ten (31 per cent) did not know if there had been any changes while only three (nine per cent) stated that they had noticed a change. Eleven (44 per cent) of the 25 responding PV/WA's stated that they had not noticed any change, ten (40 per cent) did not know of any change while only four (16 per cent) stated that they had noticed a change. Five of the hospitals stated that they had not noticed a change in the characteristics of the assailants and two stated that they did not know if there had been a change. None of the hospitals reported that they had noticed a change.

The changes noticed by the small percentage of respondents that answered this question in the affirmative were: more husbands and boyfriends as assailants (three SAC's and three PV/WA's responding), younger assailants (one SAC and two PV/WA's), and one SAC stating that they now saw more professional men as assailants. Ethnicity was mentioned several times with one SAC stating that they saw more minority-group members, generally, as assailants and a PV/WA mentioning that they saw an increase in numbers of assailants from one particular ethnic group. These last two points could merely reflect a change in the ethnic composition of that community, especially with regard to this fairly numerous and well-known ethnic minority group. The location of these responding centres would seem to indicate this as a distinct possibility.

### 3.1.2.3 Changes in Characteristics of the Sexual Assault Incident Itself

The last question in this area asked the respondents whether they had noticed any change in the characteristics of the actual sexual assault incident. Here again, the majority of all three agency types responded that they had not noticed any change. Of the 33 responding SAC's 16 (48.5 per cent) stated that they had not noticed any change, five (15 per cent) did not know if there had been any changes. Twelve (36 per cent), however, stated that they had noticed a change. Twelve (48 per cent) of the 25 responding PV/WA's stated that they had not noticed any change, ten (40 per cent) did not know of any change while only three (12 per cent) stated that they had noticed a change. Once again five of the hospitals stated that they had not noticed a change in the characteristics of the assailants and two stated that they did not know if there had been a change. None of the hospitals reported that they had noticed a change.

The changes in the incidents seen by the 12 SAC's and three PV/WA's who responded were that they had noticed a change in the level of violence of the incident, the number of assailants and type of sexual contact. Eight SAC's and two PV/WA's stated that it seemed that the level of violence was escalating -- they are seeing the results of much more violent attacks than they did before. One PV/WA reported that they are seeing more assaults with weapons and two SAC's stated that more survivors are reporting having been assaulted more than once.

Two SAC's mentioned that they are seeing the results of more assaults by more than one assailant (gang rapes) than before. Seven SAC's and one PV/WA said that they are seeing a wider range of sexual contact and what they saw as more degrading types of contact (anal intercourse etc.). One other change noticed is that the assaults are getting more random in terms of the geographical areas of the city in which they occur (one SAC).

#### 3.1.2.4 Summary Discussion

**Changes in Characteristics of Survivors, Assailants, and Type of Assault**

From the information available from the front-line agencies, it would be very difficult indeed to see any positive correlation between legislative change and achievement of such goals as reduction of the stigma of sexual assault, widening definition of what constitutes assaultive behaviour, and increasing the accessibility of the criminal justice system to the survivor who would not have reported the assault previously.

We cannot make that correlation for two reasons. One is due to the limitations of the data, as mentioned above. The front-line agencies repeatedly said they simply did not and could not know whether there had been any changes observable as they carried out their work. They do not have in place, nor are they expected to have, systematic data-collection procedures that would allow them to answer these questions fully.

Secondly, those who did have an opinion on whether there had been any changes in survivors, assailants or the relationship between them, felt that there had in fact been no change. Where there were a very few changes noted (and this was most often no more than four responses), these were in expected directions, however. That is, a few more married women, or older or younger women, or prostitutes or street people coming in for service. There were a few more acquaintance assaults, or assaults from spouses or relatives noted. There were a very few mentions of the impression that assaults were becoming more violent and even more degrading in nature.

In short, no change or no information. Either way, the researcher and client are left with more questions than answers.

### 3.1.3 Changes in Reporting Behaviour of the Survivors

One of the goals of the change in the sexual assault legislation was to facilitate and encourage the reporting of sexual assault incidents to police. The problem of under-reporting for these types of crimes has been well documented (Solicitor General, 1985; pp. 2,4; Clark and Lewis, 1977; p. 51). It is of interest, then, to discover if these front-line agencies have seen any change in the reporting behaviour of sexual assault survivors and if so, what they think might be the cause or causes of any such change.

We asked a variety of questions of the respondents to determine why they thought survivors decided to report or not to report an assault to the police and if they thought there had been an increase, decrease or no change at all in the overall numbers of survivors reporting. If the respondent had seen a change, they were then asked what they felt contributed to this change -- legislative change, increased public awareness, etc. Finally, if the respondents did perceive an increase in the numbers of survivors reporting, they were asked how their agency dealt with this increase.

There was a high level of agreement among the three agency types for the question of why survivors decide to report an assault to the police. The majority of all three agency types responded that the reasons involved two basic attitudes: what could be called altruistic, wanting to prevent assaults on others by the assailant, coupled with feelings about wanting to see that justice was done. Twenty-nine (81 per cent) of the 36 SAC's which responded to this question, 15 (60 per cent) of the 25 PV/WA's which responded and five of the seven hospital teams said this. Secondly, reporting was seen as involving the survivors' feelings about the assailant (fear that the assailant would return or anger at the assailant). Twenty- five (69 per cent) of the 36 responding SAC's, 13 (52 per cent) of the 25 responding PV/WA's and five of the hospital teams cited these reasons. There was a range of less frequently cited reasons, such as the presence of support services for the survivor encouraging reporting (five of the SAC's and one of the PV/WA's) and pressure to report from other sources such as police, family or friends (five SAC's and one PV/WA).

The agencies were also asked why they thought survivors did not report an assault to the police. This question resulted in a high level of agreement among the agency types about the reasons survivors do not report. Generally, the major reason offered was the survivor's fear of how they would be treated by the criminal justice system, followed by feelings about the assailant, fear of the impact of reporting on their immediate social situation, and the desire to try to forget the whole incident.

All of the hospital teams, 34 (87 per cent) of the 39 SAC's which responded and 21 (84 per cent) of the 25 PV/WA's which responded stated that the survivors' concern about how they would be treated by the criminal justice system is a deterrent for reporting to the police. Twenty-nine (74 per cent) of the SAC's, twelve (48 per cent) of the PV/WA's and five of the hospital teams also cited fear of retaliation by the assailant as another reason survivors don't report. This latter response is interesting, because fear of the assailant also acts to promote reporting, as we saw above. Apparently this feeling can bring about distinctly opposite effects. The third major reason cited for survivors not reporting was embarrassment and fear of negative treatment by family and friends. This was mentioned by twenty-five (64 per cent) of the SAC's, fourteen (56 per cent) of the PV/WA's and five of the hospital teams. Finally, the fifth reason mentioned was the desire of the survivor to forget the incident, to put it all behind her. This was mentioned by twenty-three (59 per cent) of the SAC's, fifteen (60 per cent) of the PV/WA's and five of the hospital teams.

There were a small number of other reasons for non-reporting given by the SAC's and PV/WA's. These included feelings of shock, denial and guilt that prevented reporting (12 of the SAC's and two of the PV/WA's) and the fact that survivors don't always define the attack as a case of sexual assault (four SAC's).

The agencies were then asked if they thought there had been a change in the numbers of survivors reporting assaults to the police over the last few years. With the exception of the hospitals, there was a consensus that reporting among sexual assault survivors seems to be increasing. Twenty-one (70 per cent) of the 30 SAC's which responded and fourteen (74 per cent) of the 19 PV/WA's that responded agreed that there had been an increase in survivors reporting to the police, while only one hospital said that there had been an increase. Three of the hospital teams said that there had not been any change in the numbers of survivors reporting to the police, while only eight (27 per cent) SAC's and four (27 per cent) PV/WA's maintained that there had been no change at all.

Finally, one SAC and one PV/WA said there had been a decrease in survivors reporting the assault to the police.

If the respondents answered that they thought the number of survivors reporting was increasing, they were then asked for their ideas as to what they felt this increase could be attributed, both generally and in terms of the sexual assault legislation. Again, there was a high level of agreement between the PV/WA's and the SAC's, with a concentration on the effects of media attention on the issues and the impact of increased public awareness. All of the 13 PV/WA's that responded, 19 per cent of the 22 (86 per cent) SAC's responding and one hospital cited more public awareness of the issues involved, as a major factor in the increase, while increased media attention to the issue was thought to be important by 15 of the 22 (68 per cent) responding SAC's, seven of the 13 (54 per cent) responding PV/WA's and one hospital.

Other responses to the question included the feeling that survivors are getting angrier and so are reporting more so than before (seven SAC's, one PV/WA and one hospital) and the fact that there are now more support services for the survivors which could make it easier for them to report (four SAC's, four PV/WA's and one hospital). Unfortunately, only one hospital responded to this question, so it is the same hospital providing each of the above reasons for increased reporting. We simply cannot know what the others thought.

When we looked for links made by the agencies between changes in reporting and changes in the legislation, 10 of the 22 (46 per cent) SAC's responding, five of the 13 (39 per cent) PV/WA's, and one of the seven hospitals thought that the change in the sexual assault law promoted this reporting.

When these agencies were asked to specify which areas of the new law they thought were related to the increase in reporting, the two major areas mentioned were the redefinition of the offence (nine of the 11 responding SAC's, four of the six responding PV/WA's and the one hospital which responded) and the restrictions on evidence pertaining to the survivor's past sexual history (10 SAC's, five PV/WA's and one hospital). Seven of the SAC's, two of the PV/WA's and the one hospital also cited the abrogation of the corroboration and recent complaint evidentiary rules as a factor.

This particular response brings up a major problem in the overall data source. That is, we cannot know if the survivors knew or now know about these changes in the law and whether in fact, this knowledge had an effect on their decision to report. The front-line agencies can only do their best to interpret the attitudes and actions of their clients. But without being able to interview survivors directly, the attributions of these agencies can only be taken for what they are -- approximations of the survivors' reality.

However, whatever the reasons for increased reporting, the agency's certainly have a precise knowledge of what their agencies' response is to the increased client-load. The sub- sample of SAC's and the PV/WA's which had seen an increase were then asked how their program had dealt with this increase in survivors reporting the assaults. Most of the agencies have either increased volunteers (13 SAC's and eight PV/WA's), increased staff (14 SAC's and six PV\WA's) and/or increased hours of operation for the agency (11 SAC's and three PV/WA's). The other way this increase was dealt with was to increase the range of services offered (six SAC's and two PV/WA's). Three SAC's and one PV/WA said that they have not been able to respond to the increase effectively at all due to severe financial and staffing constraints.

Two agencies (one SAC and one PV/WA) said that they had noticed a decrease in survivors reporting the assault to the police. The SAC said this decrease could be attributed to the short sentences being handed out to sexual assault offenders and the negative image of the criminal justice system. The PV/WA maintained that the overall number of survivors was decreasing due to the promotion of crime prevention programs. (This particular respondent felt that people were learning how to watch out for problem areas and so were avoiding sexual assault more successfully. It would be interesting to look into this for future research).

### 3.1.3.1 Summary Discussion

The message on reporting patterns is a mixed one. On the one hand, there is a more than 67 per cent agreement from the 53 responding front-line agencies, that there has been an increase in reporting. In response to that increase, most of them have been able to augment staffing and volunteer levels and to extend their hours of operation.

When we look for explanations for the increased reporting, we first find that of the 36 responding agencies (22 SAC's, 13 PV/WA's and one hospital) that tried to attribute cause to the increase, responses were overwhelmingly that this could be attributed to increased public awareness about the nature of sexual assault. Fifty-three of 90 responses (59 per cent) fell in this category.

When we look at any links made between increased reporting and legislative change, we first find that of the agencies that stated that there had been an increase in reporting behaviour 16 (44 per cent) of the agencies felt that this change was, in part, attributable to changes in the legislation. Nine SAC's, four PV/WA's and one hospital stated that the redefinition of the offence contributed to an increase, and approximately the same number said that restrictions on pursuit of the survivor's prior sexual history were a factor. A somewhat smaller number of each cited the abrogation of corroboration, and the changes in the rules regarding recent complaint.

This is the situation as far as rate of reporting, but there is the question as to what impedes survivor reporting. Here the goals of legislation (and policy) to facilitate reporting through a less intimidating criminal justice system, or indirectly through contributing to a decrease in the stigmatization of survivors, seem not to be to have been met to any appreciable degree. That is, the highest degree of agreement between the SAC's and the PV/WA's, and the highest percentages of agreement on any question were about why they felt survivors would not want to report. They listed several reasons, but 87 per cent of the responses from the 39 responding SAC's and 84 per cent of the responses from the 26 responding PV/WA's said that it was the survivors' fear of how they would be treated by the criminal justice system that prevented reporting.

The second most frequent reason the agencies cited for nonreporting was the survivor's fear of the assailant. It may be asked whether this fear could be related to distrust of the criminal justice system. That is, while the police are not ordinarily expected to be able to provide protection for a survivor, there is a question as to whether the police or related services could do more to assure the survivor that the assailant will be prevented from harassing or otherwise harming her (even if the assailant's guilt has not yet been established in court).

The third most frequent reason cited for survivors not reporting -- and this was a strong response -- was the survivors' sense of embarrassment and fear of negative treatment by friends and family. It is evident then, that the stigma of sexual assault continues to play a very large role in reluctance to report, when it is the very people from whom one would expect support -- friends and family -- who are seen as unable to empathize and support the survivor.

We have pointed out the problems with impressionistic data of this sort. We also cannot report on whether survivors are aware of the changes in legislation. Even if they were to be, at a time of assault, or even for long after, would they be likely to evaluate the utility of reporting in relation to changes in legislation? Certainly this soon after changes were instituted, it would be asking a great deal of anyone to know whether or not reporting was now easier, more likely to have a positive outcome, etc.

In terms of research, it would be valuable to find the level of awareness of the general public regarding the legislative changes, and what the public thinks of these changes.

We have completed the description of the context of the treatment of the survivor. We also have addressed the research issues of changes in characteristics of survivors, assailants, and types of assault, as well as having dealt with patterns of reporting. With this context in mind we move to the central research question--whether changes have occurred in the treatment of the survivor by the criminal justice system.

## 3.2 Overview of Perceived Changes in Treatment of the Survivor

If we are to determine whether changes in the sexual assault laws have contributed to changes in treatment by the criminal justice system of the survivors of sexual assault, we must first explore whether the front-line agencies perceive changes to have occurred--whatever the factors contributing to those changes.

As we noted in the Methodology section above, it is not possible to produce a direct measure of change, because the sexual assault survivors were not the source of data for this study. In any case, few survivors would be in a position to compare treatment before and after changes in legislation. What we do have as indicators of change are the perceptions of workers in front-line agencies providing services to the survivors -- that is, whether in the course of their work with survivors, the workers conclude that the treatment has or has not changed. Further, we can know to what the workers attribute changes -- legislation, or other societal factors.

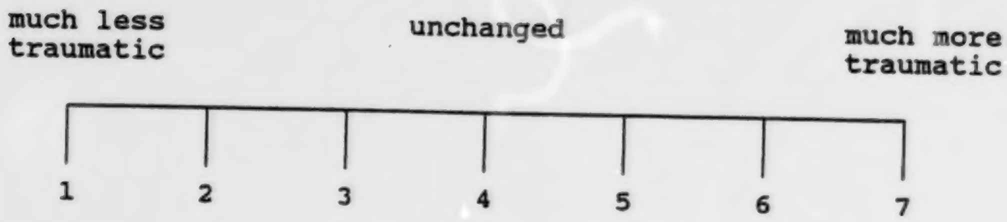
In the section that follows we will first review the findings on the overall impression held by the SAC's and PV/WA's as to whether changes have occurred in treatment of the survivor. Then we will go into some detail about their perceptions of the change in the nature of the treatment afforded the survivor by the police, crown, and defence bar, the basic elements of the criminal justice system. Discussion of findings on the hospital teams' perceptions of change will be included where numbers of responses warrant it. (There is a separate section on the hospitals at the end of the Findings, which goes into much more detail about their special services, procedures, and relationships with other agencies.)

Next, we will look at what factors the informants felt contributed to change. Their observations on the research issues of impact on founding of complaints and on sentencing will follow. Then we will look at problems the front-line agencies identified in treatment of survivors by the criminal justice system and by the agencies themselves. This segment concludes with agency suggestions for changes that could reduce the nature and impact of problems they cite.

### 3.2.1 Perceived Differences in Treatment of the Survivor: The Agencies' Overview

The overview of change was elicited from a seven-point ordinal scale that asked respondents to rate changes in the "survivor's experience with the police and court process" from "much less traumatic (1), to unchanged (4), to "much more traumatic" (7). The scale, adapted in wording for SAC's and PV/WA's, was the presented in the following way:

Overall, does your centre feel that the survivor's experience with the police and court process has been made more or less traumatic since the law changed five years ago? (circle the number nearest your assessment)



We would like to point out that the hospitals were not asked this question. Our preliminary discussions with hospital-based service-providers indicated that they were unlikely to feel themselves to be in a position to comment on the full scope of the criminal justice system's treatment of the survivor. The reasons our hospital-based informants gave were that they operated at a considerable distance from the range of treatment of the survivor by police/police-based victim/witness services, the courtroom experience (other than when giving their own testimony, which few do), etc. Given the extreme length of the hospital questionnaire, we omitted this overall assessment question and its sequelae from the hospital questionnaires. With that caveat in mind, the results from the SAC's and PV/WA's are the following:

Table 1 Perceived Degree of Change in Treatment of the Survivor by the Criminal Justice System

| | SAC | | PV/WA | | HOSPITAL |
|---|---|---|---|---|---|
| Degree of Change | N | % | N | % | |
| Much Less Traumatic | | | | | |
| 1 | 0 | 0 | 0 | 0 | |
| 2 | 5 | 14.3 | 10 | 41.7 | |
| 3 | 13 | 37.1 | 10 | 41.7 | no data |
| No Change | | | | | |
| 4 | 17 | 48.6 | 4 | 16.7 | |
| No Resp. | | | | | |
| 0 | 4 | mis'g | 3 | mis'g | |
| | 39 | | 27 | | |

First, it is evident that no respondent felt that the treatment of survivors had worsened, nor did any see the achievement of "much less traumatic" treatment. But here the congruence of response ends. When we look at the perception of relative improvement of treatment, we see a distinct difference between the SAC's and the PV/WA's. Almost half (17) of the 35 SAC's that responded state that no change overall has occurred, and slightly over 37 per cent (13) record only a very moderate improvement. By contrast, less than 17 per cent (4) of the 24 PV/WA's that responded noted no change and nearly 42 per cent (10) saw a moderate improvement. In addition, close to 42 per cent (10) also place the improvement at level 2, just one step lower than the "much less traumatic" level of evaluation.

If we were to dichotomize the responses as a whole into "no change" and "less traumatic," (i.e., three or two on the scale) we would see that in the latter category only 51.4 per cent (18) of the SAC's see an improvement, while 83.4 per cent (20) of the PV/WA programs note improvement.

The question immediately arises as to why there is such a noticeable difference in overall evaluation of change in the victim's experience. Unfortunately, the sample size is too small to warrant statistical analyses that could, with a larger sample, enable further interpretation of the data about the cause of these differences.

### 3.2.2 Improvements in the Treatment of the Survivor: What and Why

#### 3.2.2.1 Improvement in Treatment by Police

When we looked at those changes the respondent saw as an improvement in the treatment by the police of the survivor, (irrespective of attributed cause for the changes), we noted that there was a fair amount of similarity in the responses of both the SAC's and the PV/WA's. Ninety-six per cent (24) of the 25 SAC's who responded to this question said that the police were better trained, were more aware of the assaultive nature of sexual assault, and were more sensitive to its impact on the survivor. Twenty-four percent (6) of the SAC's said that another improvement was increased cooperation on the part of police with SAC's and other survivor services. Seventy percent (14) of the 20 responding PV/WA's cited the same improvement in police training and awareness of the nature and impact of sexual assault. The remaining responses were quite evenly distributed among other improvements such as more cooperation with SAC's and other services, more women on police forces, more information given to the survivor, and the existence of in-house programs as part of police department services.

## The Role of Legislative Change in Treatment of Survivor by Police

The respondents who noted improvement in police treatment of the survivors were then asked whether they could attribute any of these changes to changes in the sexual assault legislation. If they could, then they were asked to describe these changes.

Here we found that of the 24 SAC's that responded to this question, 75 per cent (18) felt that improvements in police treatment were attributable to changes in the legislation. Ten of the 17 (59 per cent) PV/WA's who responded also felt improved treatment could be attributed to legislative change.

When asked what kinds of change in treatment of the survivor could be attributed to legislative change, the most cited differences were an enhanced understanding by police of the complex issues surrounding sexual assault and a resultant increase in sensitivity to the survivor's trauma. Twelve of the 15 responding SAC's and six of the 10 responding PV/WA's noted these kinds of changes.

The remaining responses for both types of agencies centred around improvements in what might be called policing procedures. That is, police were seen as having to follow up on a greater range of assailant behaviours (i.e., physically assaultive, without the absolute requirement of sexual penetration of the survivor by the assailant), as being more able to follow up on cases because of changes in the rules of evidence, and having to be more "accountable" for their actions. (By accountable, the respondents felt that supervisory levels of the police were paying more attention to the follow-up procedures of their line officers and thus the officers were explicitly expected to be more thorough in carrying out their role in enforcement of the new legislation.)

In the case of the policing procedure improvements, the links to survivor treatment per se cannot be fully explicated from the questionnaire data. However, our impression from lengthy discussions with key informants in the early stages of the study, and our additional knowledge of the field indicates that the thread throughout this kind of response is that changed legislation leads to the police taking the assault more seriously, tending more toward believing the survivor, and following through more often with enforcement actions. Therefore, this increased vigilance in policing seems to be seen as reflecting more respect for, and thus better treatment of, the survivor.

### 3.2.2.2 Improvement in Treatment by Crown Attorneys

For the 19 responding SAC's, that indicated there had been an improvement in the treatment of the sexual assault survivor by the crown, eight (42 per cent) centres described this improvement as the same in nature as that noted most for the police -- crown were felt to be more aware of the nature and impact of sexual assault and were more sensitive to the survivor's situation. Another nine SAC's (47 per cent) noted an improvement very directly related to the nature of the demands on their time that the crown experience. That is, SAC's reported that crowns spent more time on their sexual assault cases and also spent more time informing the survivor about her case, its progress through the courts, and what she might expect in court. (When we come to the discussion of problems with crown performance, we will see that perceived neglect of the case and the survivor are often mentioned.)

The other responses had to do with the crown being more aware of the changes in the legislation and thus being more likely to pursue charges (two responses), there being more female crowns and crowns who specialize in sexual assault cases (three responses), and the crown being more co-operative with SAC's (two responses).

For the 18 responding PV/WA's which described improved treatment of the survivor by the crown, better training and increased awareness of the issues with concomitant improved empathy toward the survivor was the largest single response category (eight respondents, 44 per cent). The next largest response category (five responses, 28 per cent) was that the crown now spent more time preparing the survivor for the courtroom experience. The remaining responses centred on improved services to the survivors, including their being able to get more information on the status of the case (two responses); the existence of court-based victim/witness assistance programs (two responses), more cooperation between crown and SAC's (one response), and more female crown handling sexual assault cases (one response).

#### The Role of Legislative Change in Treatment of the Survivor by Crown

The respondents who noted improvement in Crown treatment of the survivors were then asked whether they could attribute any of these changes noted to changes in the sexual assault legislation. If they could, then they were asked to describe these changes. (Interestingly, more SAC's took the opportunity to answer this follow-up question on nature of changes than to answer the previous question on whether they could attribute changes to legislation. Hence, a larger number of respondents -- 22 -- than for the lead-in question discussed above.)

Of the 22 responding SAC's, 13 (59 per cent) felt that improvements in crown treatment of the survivor could be attributed to changes in the legislation. Of the 15 PV/WA's who responded, 11 (73 per cent) gave the same response.

When asked to describe the nature of those changes that could be attributed to changes in the law, six of the 10 responding SAC's said that the law led to attitudinal changes in the crown, i.e., that the crown now took survivors more seriously and treated them with more respect. Thus, though the number of respondents was small, the largest proportion of overall improvement in treatment of the survivor that they noted was seen as arising out of the impact of the law itself.

The remaining responses revolved around perceived improvements in the manner in which the crown could, or did, operate in enforcing the new legislation. Four of the SAC's noted that crowns now had more latitude for charging assailants and were thus more likely to do so. One SAC noted that the changed rules of evidence made it easier to proceed with cases, and two SAC's said that the pressure upon the crown to be accountable for its charging policies made crowns more likely to proceed with charging.

For the nine responding PV/WA's, the change of attitudes toward the survivor received much less attention. Only one of the respondents listed this as a legislative change-based improvement in the treatment of the survivor by crown. The great majority (six of the nine respondents) of legislative change-based improvements they saw were in the more assiduous enforcement/charging that they felt was now facilitated for the crown by these changes in law.

Two of these PV/WA's felt that increased training of the crown was another improvement brought about by changes in the legislation. And finally, answering in a self-assured mode, one of the PV/WA's felt that the increased caseload, caused in their view by more stringent charging, had improved crown treatment of the survivor by the creation of victim assistance units.

### 3.2.2.3 Improvement in Treatment by Defence Counsel

In examining the responses of the SAC's to questions as to the nature of the improvement in treatment of the survivor by defence attorneys, we must point out that there were only eight responses to this question. Of these responses, four SAC's stated that they found the survivor was treated in a more respectful manner and four said that the defence was less likely to pursue the survivor's past sexual history in building the case for the defence.

When looking at the response of the PV/WA's for their perceptions of the nature of improved treatment of the survivor by defence attorneys, it must be noted that only six programs gave answers. One program felt that defence attorneys treated the survivor with more respect and the five programs listed a decreased likelihood of the defence to pursue the survivor's past sexual history.

**The Role of Legislative Change in Treatment of the Survivor by the Defence**

Seventeen of the SAC's responded to the question on whether they could attribute to legislative change any improvements in treatment of the survivor by the defence. Nine of these 17 (53 per cent) felt improvements could be attributed to legislative change and the other eight (47 per cent) did not.

Only nine of the PV/WA's responded to this question of attribution of change to legislation. Of these, seven answered yes and the remaining two did not think the changes could be attributed to legislative change.

Six of the nine responding SAC's that noted an improvement in treatment of the survivor stated that the defence treated the survivor in a more respectful manner, as a result of legislative change. Four of these nine noted the decreased likelihood of the defence aggressively pursuing the survivor's past sexual history for the defence case. Only four of the PV/WA's responded to this question. Three of the respondents noted the decreased likelihood of following up on the survivor's past sexual history, and one respondent cited the increased respect shown to the survivor as resulting from legislative change.

### 3.2.2.4 Changes in Founding of Complaints and Patterns of Sentencing

So far, we have discussed changes by police, crown, and defence in their treatment of the survivor. However, there are two other aspects of criminal justice system activity that are important research issues for evaluating the impact of legislation. These are whether there are any changes in founding of complaints by the police and corresponding processing by the crown, and whether there are changes in patterns of sentencing of the convicted assailant.

For this study we relied upon the perceptions of the SAC's and PV/WA's for any sense of change. It was not a part of this study to do a pre- and post-legislative search of police and court records to ascertain statistical trends (this is part of larger studies across Canada), but we could get some idea of what these front-line agencies felt about the context in which they work, related to these two important issues. We asked these agencies to tell us what they thought were the most significant changes brought about by Bill C-127 in terms of founding and sentencing. The results are as follows:

### Changes in Founding of Complaints Due to Bill C-127

Only 10 of the SAC's provided a response to this segment of the questionnaire, on founding of complaints. Nine of the 10 said that the police are more likely to believe the survivor and to continue with charges. The other response was that the police considered a wider range of behaviours as constituting sexual assault, presumably leading to increased founding.

For the PV/WA's, there were only nine respondents, and their responses were essentially the same as the SAC's.

In terms of the crown approach to founding, 10 SAC's responded and they all felt that there was an increase in the numbers of cases founded. Nine of the 10 also felt that because the crown was more likely to believe the survivor, the crown was likely to pursue a wider range of charging possibilities. Two of the respondents stated that crowns were more likely to encourage a woman to go for the higher degree of charge.

The seven PV/WA responses were much the same, with four seeing an increase in cases founded, and three believing the crown has more latitude in laying charges.

### Changes in Sentencing Patterns Due to Bill C-127

In reference to sentencing, the 24 SAC's responding had a very strong sense that sentences were lighter because of changes in the legislation. Twenty of the 24 respondents said this. Only two of them said that sentences were heavier and another two said that sentencing patterns were more erratic.

The PV/WA's ranged more widely in their perceptions of changes in sentencing. Only six programs responded to this question, with two saying sentences were lighter and two saying exactly the opposite, that sentences were heavier. One said that more were being convicted and one said that more accused received conditional discharges and fines.

### 3.2.2.5 Other Factors Contributing to Changes in the Treatment of the Survivor

> [Note]: Because the goal of much of this study was to discern what changes of treatment of the survivor could be attributed to legislative change, we performed detailed data collection and analysis as reflected above. However, we are well aware that other factors are very likely to have played a

role in attitudinal and behavioural change in such a complex system as the criminal justice system. This is especially true when dealing with such a sensitive issue as sexual assault. Given that very complexity, and given the limitations of time on the part of agencies, consultants and client, we made the questions regarding changes in treatment caused by factors other than legislation much more brief and less detailed. We asked what factors made the treatment better, what factors led to treatment remaining the same, and what factors led to a worsening of the treatment of survivors. The responses are of interest, however, and do contribute to rounding out the picture of change in the treatment of the survivor of sexual assault.

The question about factors other than legislative change that may have led to improved treatment of the survivor was an open-ended one. There was very strong congruence in the responses, with considerable emphasis on increased public awareness and increased social support services.

Of the 24 SAC's that responded, 16 (66.7 per cent) said that there was more public awareness of the nature and seriousness of sexual assault. For the 20 PV/WA's that responded, 13 (65 per cent) said the same.

The next most frequent response was that there were more sources of support in the community for survivors of sexual assault. For the SAC's, eight (33.3 per cent) of the 24 respondents cited this as a contributing factor to improved treatment and nine of the 20 (45 per cent) responding PV/WA's stated the same.

The next most frequent response for both (six SAC's and two PV/WA's) was that there was more pressure on police and crown, from SAC's and other groups interested in the issue, to alter their approach to the survivor. This pressure was seen as leading to their treating the survivors more carefully in these interactions. Two of the 24 responding SAC's mentioned that because there were more women working in the criminal justice system, improvements in treatment of the survivor were being made, and one PV/WA noted that there was better co-operation among all the agencies which deal with sexual assault survivors. (Total percentages add to more than 100 because respondents were free to list as many factors as they wished.)

### 3.2.3 Factors Contributing to Treatment of the Survivor Remaining Essentially the Same

In looking at treatment remaining the same, it must be remembered that 17 of the 35 (48.6 per cent) SAC's which gave an overall evaluation of changes in treatment of the survivor, said that the treatment had remained essentially the same. Only four of the 24 (16.7 per cent) responding PV/WA's gave this response.

#### 3.2.3.1 Treatment by police remaining the same

When we look in more detail at SAC's responses to the question regarding their reasons for saying that the treatment had not changed, we find that in the case of the police, the preponderance of responses identified a lack of change in police attitude. That is, 13 of the 17 SAC's that responded to this question think that the police still treat the survivor as non-credible, as "suspect."

Next in frequency, three of the 17 responding SAC's said that the police still were not applying the law sufficiently rigorously. There was also one mention of the continued lack of female police officers to handle sexual assault survivors, and one mention of the police still being inadequately trained to deal positively with sexual assault survivors.

For the PV/WA's, there was very strong congruence with the SAC response on the role of attitude in contributing to a lack of change in treatment of the survivor. Only four PV/WA's responded to this question, but three of the four named this continued suspicion on the part of the police about the validity of the survivor's experience. The one other response was that the police still did not apply the law rigorously enough.

#### 3.2.3.2 Treatment by Crown Attorneys Remaining the Same

Fourteen SAC's responded to the question about treatment of the survivor by the crown remaining the same. Five of these 14 stated that the crown still did not spend enough time with the survivor. Interestingly, one of the two next most frequent responses reflects a clear recognition that lack of time with the survivor could result from problems that are out of crown control. That is, four of the 14 responding SAC's said that the crown have too little power in their own system--they are seen as understaffed, demoralized and not as effective as they might themselves wish to be. However, there were also four of the responses stating that the crown--like the police--continued to treat the survivor's experience of sexual assault as lacking in validity, as "suspect." Finally, three of the respondents said that the crown still was not applying the new law rigorously.

There were only two PV/WA's responding to the question about the lack of change in treatment of the survivor by crown. One response was that the crown did not spend enough time with the survivor and both stated that the suspicious attitude of the crown toward the survivor remained the same.

#### 3.2.3.3 Treatment by Defence Counsel Remaining the Same

In the case of both SAC and PV/WA responses to the question about why the treatment of the survivor by the defence remains the same, the four SAC's responding and the 17 PV/WA's centred their comments around the continued lack of respect for, and dignified treatment of, the survivor. The job of the defence remains the same--to discredit witnesses that damage the client's case. This can be done "informally" by demeanour or innuendo, but four of the 17 PV/WA's also specifically mentioned that the new law still allowed the defence to bring up, in ways that humiliated the survivor, both past sexual history of the survivor and "honest belief" on the part of the assailant.

### 3.2.4 Factors Leading to Worse Treatment of the Survivor Since the 1983 Change in Law

It will be recalled that when the SAC's and PV/WA's were asked to give an overall evaluation of the trends in treatment of the survivor, none summarized that treatment by saying it had worsened, on the whole.

However, it would be entirely possible for the respondents to feel that there were some aspects of treatment that were, in fact, worse than before the law changed. Therefore, we did ask respondents to describe factors that they saw as "...causing the treatment of the survivor...to be worse than before the legislation changed in 1983." Respondents were asked to address their comments to the work of police, crown, and defence attorneys.

When we examine the responses about factors causing worse treatment of the survivor by any of these three elements of the criminal justice system, we note first that only the SAC's had any comments to make at all, and there were only six of them responding. The PV/WA's, for whatever reason--and it is not possible to tell why within the framework of this study--did not note any elements of deterioration in treatment of the survivor by police, crown, or defence.

Secondly, in examining the responses of the six SAC's who described factors leading to worsening treatment, we can see close agreement on these factors, in their description of police and crown approach to the survivor. That is, there were three types of response: four said that some police/crown retained negative stereotypes about sexual assault and about the survivors; one SAC said that police/crown were not applying the law vigorously enough; and one SAC said that police/crown reacted negatively to the "increased empowerment of women."

The description of factors leading to worsening of treatment of the survivor by some defence attorneys also was addressed by six SAC's, Here four of them felt that though the survivor's past sexual history was brought up less often, the defence attorneys were even more negative in their courtroom manner toward the survivor. The other two responses were that questions of the survivor's consent were raised more often and that this was more traumatic for the survivor.

### 3.2.5 Suggestions for Improvement of Treatment of the Survivor - by the Criminal Justice System and Service Agencies

After having described the elements of improved, unchanged, or worsened treatment of the survivor by the criminal justice system (police, crown, defence), we now turn to suggestions from the respondents for additional changes that should be made in treatment of the survivor by not only the criminal justice system, but by other service agencies as well--the SAC's, the PV/WA's, the hospitals and any other related agencies.

#### 3.2.5.1 Suggestions Improvements in Treatment by Police

In terms of police improvements, it is interesting to note that the responses of both SAC's and PV/WA's were very heavily weighted in the direction of the same three priorities:

1) that police be better trained in the issues surrounding sexual assault;

2) that there be specially trained teams, including women, to handle these cases;

3) that police still need to improve their attitudes toward and treatment of survivors.

Twenty-nine (85 per cent) of the 34 responding SAC's and 16 (84 per cent) of the 19 responding PV/WA's mentioned these three improvements. The remaining responses for each were fairly evenly scattered over suggestions for being more organized in their work on sexual assault cases, working more closely with crown, with SAC's and other assistance programs.

Six hospitals responded to this question and all of their responses clustered around establishing teams specially trained to deal with sexual assault survivors, and the need for police to improve their attitudes toward and treatment of survivors.

### 3.2.5.2 Suggested Improvements in Treatment by Crown Attorneys

Suggested changes for crown treatment of the survivor were similar for SAC's and PV/WA's in that they concentrated on three main areas for improvement:

1. crown working more closely with SAC's and PV/WA's;

2. crown acquiring more training related to sexual assault issues;

3. crown spending more time with the survivor in preparing her for court.

Twenty-six of the 30 (87 per cent) responding SAC's listed these three areas and 14 of the 16 (88 per cent) responding PV/WA's cited the same three areas for improvement.

For the seven responding hospitals, the greatest number of responses also indicated the need for better training for crown on issues surrounding sexual assault, and the need to have a specially designated crown whose main job was to handle sexual assault cases.

### 3.2.5.3 Suggested Improvements in Treatment by Defence Counsel

In terms of improvements needed in the treatment of the survivor by the defence, there are two closely related themes that came up for most respondents:

1. that the defence needs to be more educated in terms of the impact of assault on the survivor;

2. the defence should adhere more closely to the constraints of the new law.

The belief seems to be that increased education and rigorous adherence to the new law would result in more respectful treatment of the survivor. We find that 20 of the 31 (65 per cent) centres responding listed these needs for improvement in defence treatment. Four of the eight responding PV/WA's also cited the need for these improvements.

The hospital responses were essentially the same as the other responding front-line agencies.

### 3.2.5.4 Suggested Improvements in Treatment by Sexual Assault Centres

Thirty of the 39 SAC's responded to the question of how SAC's themselves could improve their treatment of the survivor. They could chose, or suggest, more than one category of improvement, and the total number of responses was 42. Their responses concentrated heavily around the need for an extension of services. Of the 42 responses listed by the 30 responding SAC's, 86 per cent (36 items) indicated that there needed to be more funding for expanded paid staff, volunteers, and improved facilities, thus allowing SAC's to extend their services, especially in the direction of long-term follow-up and counselling.

There were very small numbers of responses scattered over the need for more community recognition for the services of the SAC (two responses), a need for more training (one response), to operate more independently from other agencies (two responses), and to operate from a more feminist perspective (one response).

Eleven of the 27 PV/WA's responded to this question about the SAC's. there were a total of 15 responses, as they could respond to or suggest more than one category. The responding PV/WA's were in basic agreement with the major concern of the SAC's that SAC services be extended. Nine of the 15 responses were that there should be more SAC's, more funding and more staff for existing SAC's, etc.

But we gain a glimpse of some real ambivalence on the part of the PV/WA's about how SAC's should carry out their work within the community and in interaction with police. That is, 4 of the 11 respondents said that they felt that SAC's could improve their service by being less concerned with politics and more focused on the survivor. In other areas, one respondent mentioned SAC's needing more training, and one suggested SAC's form a closer working relationship with police.

All of the five hospitals responding stated that SAC's should have more funding for staff, facilities, etc.

### 3.2.5.5 Suggested Improvements in Treatment by Police-based Victim/Witness Assistance Programs

Ten SAC's responded to the question about how PV/WA's could improve their treatment of the survivor or sexual assault. There were 11 categories of response (more than one response possible), and seven of these supported expanding the budget, staffing and service provision of the PV/WA's. The second most frequent response reflected SAC concerns about how the PV/WA's operate vis-a-vis SAC's. That is, three of the responses noted a need for the PV/WA's to clarify their mandate so that they would not infringe on the role of the SAC.

The only comment the PV/WA's had on their own service provision was one response that they should improve their services in informing the survivors of the status of their cases and in preparing them for court.

The five hospitals responding were unanimous that the PV/WA's should have more funding and trained professional staff.

### 3.2.5.6 Suggested Improvements in Treatment by Hospital Teams

It should be made clear that when we asked for suggested improvements in treatment of the survivor by hospitals, it is not to be expected that the responses refer in particular to those seven hospital teams across the country that provide full medical, forensic and psycho-social assistance to the survivor. Given that our questionnaires were mailed and/or carried out by interview across the country, the vast majority of both SAC's and PV/WA's are not located where there are these special units. Rather, they are much more likely to be in a municipality where there is no special hospital service for survivors, or where there simply may be a woman doctor on call, or several doctors on a rota who have special training in the taking of forensic evidence of sexual assault. Thus, the responses to the question on improvement of hospital services are likely to arise out of a context of minimal services geared especially to the needs of the survivor of sexual assault.

Having said this, it is not surprising that the 56 responses from the 34 responding SAC's and the 23 responses from the 15 responding PV/WA's concentrated heavily on a range of expanded services that hospitals should have. Forty-two responses (75 per cent) from SAC's and 19 (83 per cent) responses from PV/WA's suggested expanded services including: teams of specially trained women doctors, special areas set aside for treatment of survivors, less intimidating and more accurate forensic procedures, more counsellors and longer hours of available service, more funding, more ability to follow up on treatment. A few SAC's (nine responses, 16.1 per cent) and two of the PV/WA's (8.7 per cent) mentioned an attitudinal problem of some hospital staff that could be improved; that is, they noted a negative, somewhat disbelieving attitude toward the survivor that they felt should be eliminated.

Finally, it is of interest that there were eight responses from SAC's and two responses from PV/WA's that hospitals should work more closely with their local agencies, and do more to refer the survivor to them and to other helping agencies.

In looking at how their own hospital-based services could be improved, there was somewhat of a spread of opinion among the six teams that responded (with seven response categories). Two of the seven responses were that hospitals should have a specially trained team of women doctors (as the respondents' own team has), and two responses were that there is a need for more funding for follow-up services (repeat medical visits, etc). The other three responses were one each for working more closely with SAC's and other agencies, for increasing the hours and range of services offered, and for improving attitudes toward the survivor.

#### 3.2.5.7 Suggested Improvements of Treatment by Others in Contact with the Survivor

Though this study concentrated on the treatment of the survivor by the police, crown, and defence bar elements of the criminal justice system and the three front-line service-providers, we wanted some sense of what the SAC's and PV/WA's felt could be improved in the treatment of the survivor by other elements of the criminal justice system and/or other agencies in contact with survivors. We could not devote much of the already very lengthy questionnaire to these issues, but did ask an open-ended question in this section of the questionnaire, asking for suggested changes in any other agencies/departments dealing with sexual assault survivors.

It must be kept in mind when reviewing these responses that only 13 of 39 SAC's responded (total of 14 response categories) and only eight of the 27 PV/WA's responded (nine response categories). There was a distinct similarity in the improvement the two agencies most often suggested -- that judges need to be better educated about the nature and impact of sexual assault. Four of the 14 SAC responses and three of the nine PV/WA's responses mentioned this. One of the SAC's added that sentencing patterns were erratic and tended to bear little relationship to the magnitude of the offence. That is, for this SAC there was the sense that on the whole, offenders against property received heavier sentences than did sexual assault offenders.

Next in terms of frequency of response for the SAC's were comments on the need for more government support of educational programming and also increased efforts to prevent sexual assault from happening in the first place. Five of the SAC responses mentioned these needs for improvement. Only one PV/WA response mentioned this. Rather, for the PV/WA's, the next most frequent response (three responses) was the need for greater inter-agency co-operation. Next, they wanted more funding for community services to the survivor (two responses).

There were no other suggestions from the PV/WA's, but the SAC's remaining responses were quite broad in scope. One or two centres each mentioned such things as the need for paralegal support systems for survivors, a need for a special waiting room in court so the survivor wouldn't have to wait with the accused, more treatment for offenders, and more protective custody spaces in prisons for offenders.

### 3.2.6 Summary Discussion

The data on this central research issue were quite clear. There was general agreement that the treatment of the survivor by the criminal justice system was seen to have improved since the change in legislation. There were no front-line agencies which saw it as having worsened. There was a difference in degree of improvement as perceived by the SAC's as a group and by the PV/WA's. The PV/WA's gave a consistently higher rating on the ordinal scale of degree of change than did the SAC's. Twenty of the 24 (83.4 per cent) responding PV/WA's saw improvements, and 18 of the 35 (51.4 per cent) responding SAC's had the same assessment. Also, three times the proportion of the SAC's (48.6 per cent of the 35 respondents) said there was no change, compared to the four (16.7 per cent of the 24) responding PV/WA's which saw no change.

The overall improvements noted by the SAC's and PV/WA's for police, crown and defence treatment of the survivor centred around two themes -- attitudinal and procedural/enforcement. It was felt that:

1. they were more cognizant of the nature and impact of sexual assault and thus were more sensitive and respectful toward the survivor;

2. they were each applying their own aspect of the legislation more rigorously.

For example, police were said to be treating a wider range of assaultive behaviour as covered by the new sexual assault laws, crown were seen as using a wider range of charges and spending more time preparing survivors for court, and defence were seen as not pushing as much for revelation of prior sexual history of the survivor (though only eight SAC's and six PV/WA's answered this part of the question, unlike the much larger response for the question on improvements by police and crown).

On average, over 60 per cent of the SAC's and PV/WA's saw legislative change contributing to these improvements. The links were not clear, but it appears that the awareness that the criminal justice system has of the nature of the new legislation has led to increased understanding of the issue and to more rigorous application of each component's (police, crown, defence) element of the legislation. That is, they seemed to conclude that the criminal justice system treated the survivor better, had given more training to its members, had set up special units in police or crown offices to handle these cases (including using more female members in the units), and applied the various aspects of the law more rigorously.

For those who saw no change in treatment of the survivor by police, crown, and defence, the descriptions of the elements of behaviour that had not changed were essentially the other side of the improvement coin. That is, police, crown and defence were seen as retaining negative, distrusting attitudes toward the survivors and thus continuing to treat them with disrespect and lack of sensitivity, and the new laws were not being applied as widely and rigorously as could be done under the new laws (for the defence, the lack of application meant continuing to press for presentation of prior sexual history, and to do this by inference and accusative demeanour if the actual facts could not be brought out).

There was an appreciable number of respondents who felt that there had not been change (48.6 per cent or 17 of 35 respondents for the SAC's, though only 17 per cent or 4 of 24 responding PV/WA's), and so these reservations about the survivor's treatment weigh rather heavily in the overall evaluation of the impact of legislation on improving treatment of the survivor.

In terms of the research issues of changes in founding and sentencing patterns, there was a very low response rate for the former, but the respondents did feel that there was a greater tendency for police to believe the survivor and thus proceed with the case. There was also a sense that crown tended to believe survivors more and charge accordingly.

For sentencing, there was a high response from SAC's on this point, perhaps arising from their long-standing concerns with this issue. There were 24 respondents, with 20 (83 per cent) of them saying that sentences seemed lighter since the change in law, through there was a sense that convictions were increasing somewhat. Only six PV/WA's responded to this question and they were divided on sentencing trends.

When asked what improvements could be made in treatment of the survivor by police, crown, and defence, not surprisingly the solutions mirror the problems. Increased education for each about the nature and impact of sexual assault, increased training for police and crown in how to deal with survivors, more accountability of police, crown and defence, in the sense of their having to apply the law more fully, and more precisely (i.e., defining more behaviours as sexual assault, using a wider range of charges and not trying to insert elements into cross-examination that are limited under the new law).

Respondents were also asked how the front-line agencies could improve their services to survivors. In general, the improvements suggested were increased service capacity through more funding, more staff, better facilities, longer hours, and extended types of service (long-range counselling, more medical follow-up, etc.). They also noted some problems with interagency cooperation and lack of a clear division of responsibility among agencies or between agencies and police. Better communication among all, with clear-cut policies as to responsibility areas were suggested directions in which to go.

# 4.0 HOSPITAL SERVICES -- SPECIAL ISSUES AND RELATIONSHIPS WITH OTHER AGENCIES

In this section we will be discussing the unique aspects of the seven hospital-based sexual assault teams that were interviewed for this study. These hospital-based teams are a very special and relatively new group that have designed their services especially with the problems of sexual assault survivors in mind. These teams often reflect the dedicated effort of one or two women doctors who have carved out a niche in the hospital organization, who have taken special training in all aspects of assistance (medical, forensic and psycho-social), and who have worked to set up a team of similarly trained doctors. These teams strive to set up a physical facility and treatment protocols that provide optimum assistance for women in these difficult circumstances. Though the number of these teams is small, they may be seen at the forefront of treatment of the survivor in the medical context.

A few of these teams have been in operation for a number of years while others have been established quite recently (see Descriptive Profile of Front-line Agencies, Section 3.1.1.2, for the number of years in operation). The motivating force behind the establishment of all of these teams was, however, the need for specially trained physicians to conduct not only the medico-legal examination but to provide psychological support and follow-up service referrals to the survivors.

Because of the hospital-based sexual assault teams' unique position in the processing of sexual assault survivors, questionnaires were designed to contain a number of questions that were only asked of the hospital teams and not of the other agencies in the sample. These included questions about the nature of their overall interactions with the survivor, their use of medical/forensic protocols, and their relationships with police, SAC's and PV/WA's.

## 4.1 Services Offered by the Hospital-based Sexual Assault Teams

In this section of the questionnaire, we were interested in what kinds of services the various hospital teams provided for sexual assault survivors, the procedures used to collect forensic evidence and whether or not any follow-up support was provided for the survivor. We were also interested in the priority given to sexual assault survivors, including information on how long they had to wait before being seen by a doctor. We also asked questions about the size of the sexual assault team roster, and closely related to this question, we asked if the assault team was able to accommodate gender specific requests for an examining doctor and how many survivors made such a request.

As mentioned in an earlier section, all of the hospital teams in the sample provided medical examinations, the collection of forensic evidence, and referrals to other agencies or individuals (SAC's and family doctors). Four of the seven hospitals in our sample also provided psycho-social care and follow-up. One hospital also provided police and court accompaniment for the survivor.

In response to the question on priority given to sexual assault survivors, all the hospitals in the sample gave sexual assault survivors top priority for treatment, except for other life-threatening emergencies. Respondents stated that in all sexual assault cases, the doctor on duty for the sexual assault team is called in immediately. In three of the hospitals there was a special room, separate from the rest of the emergency room, in which the survivor could wait for the doctor. One hospital provided a female "intervener" who stayed with the survivor at the hospital to provide support and counselling. This particular hospital was unique in having a SAC within the hospital itself, and thus this service was readily available.

On average, survivors waited 30 to 40 minutes before being seen by a doctor (six hospitals). One hospital team, however, responded that survivors waited approximately two hours to be seen by a doctor.

In response to the question on survivors' preferences for being attended by a female or male doctor, and the hospital's ability to accommodate their preferences, all but one of the hospital teams said that survivors do indeed express a gender-preference for the attending physician. Three hospitals stated that 75 per cent to 90 per cent of the requests are for female doctors. The other hospitals stated that although five per cent to 30 per cent will request a female doctor, the majority of survivors express no gender preference. When asked if it was possible to accommodate a preference for a gender-specific doctor, two teams said it was always possible; three teams said it was usually possible; and two teams said it was never possible to accommodate a gender request. Therefore, out of the seven specialized teams, all but two were able to accommodate a survivor's request for a doctor of a specific gender.

Of course, the ability to accommodate a request is dependent at the very least, on how many doctors on the sexual assault team are female (the most requested gender). In some communities, female doctors are somewhat of a rarity, which makes it difficult to recruit enough female doctors to allow a survivor's request for a female doctor to be accommodated. Two of the sexual assault teams interviewed had all-female doctors on the roster, two other teams had a majority of female doctors (85 per cent and 70 per cent female) and two teams had a majority of male doctors ( 70 per cent male). One hospital responded that there were only two doctors on the team, one female and one male.

Sexual assault teams had between two and twenty-five doctors. One hospital had two doctors on the team, two hospitals had 12 doctors, two had 15 doctors, one had 20 doctors and one had 25 doctors on the sexual assault roster.

Two of the hospital teams had team members who were not medical doctors. One team had an occupational therapist, a social worker and a psychiatrist, all of whom were female, and on call if a survivors required their services. Another hospital team had one female social worker who was also on call.

## 4.2 Policies and Procedures for Collection of Forensic Evidence

In this section we were interested in the hospital teams' policies and procedures for the collection of forensic evidence. The collection of this evidence is often mentioned in the literature and in discussions with service-providers as a possible source of secondary trauma for the survivor. Forensic evidence collection can be a lengthy procedure. It can be embarrassing or even painful (i.e., plucking of pubic hairs). It may well not be seen by the survivor as helpful to her in her present physical and psychological condition. Therefore, it is important to discover how the forensic evidence is collected and how these procedures affect the survivor. From responses to the questionnaire, we first established under what circumstances forensic evidence was collected. We then looked at the percentage of cases in which forensic evidence is collected and whether there had been a change in this number in the past five years. In that the whole hospital-based treatment of the survivor overlaps with police work and the services provided by SAC's and PV/WA's, we also asked a series of questions about the inter-relationships between the hospital team and these others.

### 4.2.1 Policies for Collection of Forensic Evidence

We asked the hospital team respondents under what circumstances they collect forensic evidence. All but one of the hospital teams collected this evidence if the survivor requested that it be done. Five of the hospitals conduct a forensic exam only with the patient's consent and one hospital stated that the collection of evidence is only done if the survivor intends to cooperate with the police in pressing charges. Thus, in only one of the seven hospitals was it necessary for the survivor to cooperate with police in pressing charges for the collection of evidence to occur. (However, it was clear from the interviews that the hospitals understood that the police would not ask for collection of forensic evidence unless they could be sure the survivor would co-operate with their efforts to pursue the case as far through the courts as possible.)

One of the areas of research interest was why some survivors do not want forensic evidence collected. All except one of the hospitals cited two major reasons for not wanting the forensic evidence collected: the survivor's fear of the assailant and their fear of the police and court process. These two reasons were also cited by the SAC's and PV/WA's in the sample as major factors in preventing survivors from reporting the assault to the police. Other reasons mentioned were the survivor's ethnic or cultural background (three hospitals), a perceived threat to the relationship between the assailant and the survivor (four hospitals), desire of the survivor to forget the entire incident (one hospital), the social stigma involved with going to court (one hospital), and fear that the examination itself could be painful (one hospital).

(It is interesting to note that these reasons were much the same as those given by the SAC's and PV/WA's regarding why survivors did not wish to report sexual assault.)

The hospitals were also asked for what percentage of sexual assault cases they collect forensic evidence and whether this has changed at all since the change in law. The data showed that the majority of the hospitals collect forensic evidence a very high percentage of the time. Two hospitals stated that they collect evidence in 100 per cent of the sexual assault cases, two other hospitals stated they collect evidence in 90 to 95 per cent of the sexual assault cases, two hospitals conducted the forensic exam in 80 per cent of the cases and one did it in 65 per cent of the cases. When asked if this had increased or decreased in the last five years, four hospitals responded that it had remained the same and two said that the percentage of cases in which forensic evidence was collected had increased. (One hospital has not been in existence long enough to comment.)

Of the two who said the percentage of cases where forensic evidence is collected has increased, one said that this was due to both increased police awareness of the hospital service and the fact that survivors are reporting more often, thereby requiring a forensic exam for court. The other hospital stated that forensic exams had increased due to the fast and efficient response of the team, which makes the whole process easier for the survivor. This was seen as encouraging the survivor to go ahead with the exam. The hospitals which said there had been no change in the numbers of survivors requesting an exam explained this by saying that they have always done the exam in the majority of cases and therefore the number of survivors who do not want the exam hasn't changed.

### 4.2.2 Procedures for Collection of Forensic Evidence -- Use of the Adult Sexual Assault Examination Kit (ASAE) and Other Kits

The Royal Canadian Mounted Police (RCMP) have developed a standardized forensic examination kit (ASAE) designed with three goals in mind:

1. to allow use by doctors who may not have had explicit training on the collection of forensic evidence in sexual assault cases;

2. to simplify the process of evidence collection;

3. to standardize the procedure so that more consistent and complete evidence can be collected.

(The kit comes with all the slides and equipment the exam requires, as well as detailed instructions on the steps to take in the examination.)

In that the survivor's interests and needs may well be different from those of the police at the traumatic time when the survivor first comes into the hospital, the use of this kit or other systems for collection of forensic evidence can easily be seen as a problem for all concerned. Survivors may find it distressing to go through any procedure. Doctors may be caught between their desires to treat the patient and yet to co-operate with police requirements for evidence. Police may feel that their need for forensic evidence supercedes the treatment/service provision for the survivor. Therefore, the type of forensic protocol used and how the teams evaluate it are of definite interest to the client, and others concerned with ameliorating the post-trauma experience of the sexual assault survivor.

In pursuing these issues, we began with discussing whether the teams used the RCMP ASAE kit or some other type of procedure. We also looked at how many of the teams used the ASAE kit and what they felt were its advantages and/or disadvantages.

Three of the seven hospitals interviewed currently use the kit and have used it between one and one-half and five years. The other four hospitals have devised and use their own kit and so do not use the ASAE kit.

The four hospitals which do not use the RCMP ASAE kit were then asked why they did not use it. Three of the four stated that they had developed their own kit which they feel is better suited to their needs. The fourth hospital stated that the RCMP kit is too expensive, too time consuming and much too cumbersome to use for the evidence that is needed. They explained that the ASAE kit requires that a specified sequence of steps must follow in every case, with no differentiation for the requirements of a particular case. (For example, even in cases where the identity of the accused is not an issue, much of the evidence obtained is to establish the identity of the assailant.)

In reference to problems associated with using the ASAE kit, it is interesting to note that the three hospital teams who do use this kit also cited the above disadvantages to using it. Furthermore, one of the hospitals also stated that the emotional effect of undergoing the forensic exam with this kit can be very negative for the survivor, with a tendency to recreate feelings of assault. One of these three hospitals also mentioned that their team was uneasy about collecting evidence on the survivor's past sexual history and sexual diseases, because they felt that this information could be used against the survivor by the lawyer of the accused, if the case went to court.

The three hospitals which do use the ASAE kit also stated that there were definite advantages to using it. They perceived two major advantages in the use of the RCMP kit. First, it allowed consistency and continuity of evidence collected and it standardized the examining procedure, which was seen to make for a more efficient and organized process.

When we asked whether the hospital thought the use of the ASAE kit or the collection of evidence in general further traumatizes the survivor, we found that the respondents were split on this important question. Three of the hospitals responded that the collection of evidence does traumatize the survivor and four hospitals maintained that the collection of evidence does not further traumatize the survivor.

The three hospitals which answered in the affirmative were then asked in what percentage of cases they felt that this occurred. Only two of the hospitals responded to this question. One hospital stated that this occurred in 100 per cent of the cases and the other stated that it was only five to 10 percent.

The same hospital teams who thought that the forensic exam traumatized the survivor were then asked why they thought these procedures had this effect. All three agreed that it brought back the memory of the assault. That is, the process requires that the survivor go over the entire episode in detail, which causes many survivors to experience guilt feelings at this time. The team said that the internal pelvic exam made the survivor feel she was being violated yet again.

When asked if they could suggest ways to avoid further traumatizing the survivor, only two hospitals responded. One suggested the best alternative would be not to collect the evidence at all and the other suggested that the only way to lessen this trauma was to explain to the survivor the purpose of every step in the process and to be as empathetic as possible.

The hospital teams which said that they did not feel the forensic exam further traumatized the survivor were then asked why they felt this way. One hospital stated that the kit they use (one of their own design) is very adaptable and the procedure is no longer or more complicated than an ordinary medical exam. Another hospital stated that their interaction with, and empathy towards, the survivor lessens the trauma of the exam especially if every step of the process and the purpose behind each of the steps is explained in detail.

## 4.3 Hospital Perception of Police Interaction with Sexual Assault Survivors

The primary element of the criminal justice system that the hospitals deal with is the police. Most of the survivors are brought to the hospital by the police and if the survivor does not arrive with the police, the police are frequently called. The doctor conducts the examination and then formally turns the evidence over to the police. The survivor is sometimes interviewed by the police at the hospital and the doctor may have an impression of how the survivor is treated by the police. Obviously, the interaction between police and survivor in the hospital setting and the interaction between police and the hospital team can have an effect upon the survivor's experience with both. Therefore, we included questions regarding how the hospital teams perceived the attitudes and behaviour of police toward the sexual assault survivor.

First, we asked what percentage of survivors arrived at the hospital with the police. Six of the hospitals responded that over 80 per cent of the survivors arrived with the police with three of these hospitals noting that over 95 per cent of the survivors came in with police. One hospital stated that approximately 60 per cent arrived with the police. As can be seen, the majority of survivors did come to the hospital accompanied by the police.

Of those survivors who did not arrive with the police, we asked the hospitals what their policy was with regard to calling the police. It would appear that few hospitals called the police if the survivor came in alone. Four hospitals stated that they would call the police 10 to 20 per cent of the time.

One hospital responded that they call the police 50 per cent of the time and another hospital called the police 100 per cent of the time, if survivors arrive without the police. Five of the hospitals stated that they only called the police if the survivor wanted the police called. One hospital said that they called the police in every case and one hospital stated that they made a "third party report" in cases where the survivor did not want to report. The hospitals report that there have been no changes to their reporting policies over the last five years, because no changes were seen as necessary.

In terms of police contact with the survivor in the hospital situation, in no cases were police present during the physical exam with the survivor. The hospital teams and their local police all had an agreement that any police interviewing that hasn't been done before the exam can be delayed until the exam is completed.

Yet police do overlap the survivor's experience in the hospital, since it is often the police who bring the person in the first place, who talk with the survivor there, who may take the survivor home from the hospital, etc. Thus the hospitals are in a position to comment on police interaction with the survivors and they were asked how they would characterize the attitude of the attending officers toward the survivor.

Five of the hospitals stated that the officers had a positive, cooperative and supportive attitude toward the survivor. Two hospitals stated that although overall the attitude of the attending officer was good, there were individual officers who were exceptions to this. They did see some officers who did not believe that the complaint was legitimate and would not be at all supportive toward the survivor.

To obtain some measure of change, we asked the teams if they thought the attitude of the police had changed at all in the last five years. Two hospitals have not been in existence long enough to answer. Of those that did answer, three stated that the attitude of police has changed and two stated that it had not changed.

Those hospitals which had noticed a change in the attitude of the police were asked about the nature of the attitude change. Three main areas of change were noted by the hospitals that responded:

1. the police treat the survivor in a more respectful manner;

2. the police are more willing to interact positively with the hospital team;

3. the police are more willing to cooperate with the SAC workers who might accompany the survivor to the hospital.

If the hospital had noticed a change in police attitude, they were also asked if they could attribute any of this perceived change to the change in the legislation. Only one hospital responded. They felt these changes were due to the legislation. The link they made was that the change in legislation prompted the police to institute specialized training on sexual assault issues to sensitize the officers.

When asked why the legislative change has not had an impact on police attitude, the one responding hospital stated that the police still define sexual assault only as involving penetration in spite of the legal changes.

Two hospitals mentioned that factors other than legislative change that have affected the positive police attitudes towards survivors are:

1. increased education efforts by the hospital team and SAC's;

2. an overall change in the attitude of society toward sexual assault.

### 4.4 Hospital Perception of Interactions Between Survivors Treated and Sexual Assault Centres and Police-based Victim/Witness Assistance Program Workers

In examining hospital treatment services and the relationship of the team members with other front-line agencies, we inquired about how often a SAC or PV/WA worker accompanied the survivor at the hospital and what effect their presence had on the treatment of the survivor. It was interesting to find that just over half of the hospital teams (four of seven) see SAC workers accompany the survivors, yet no one mentioned PV/WA workers. Four hospitals responded and they saw 30 per cent, 60 per cent, 80 per cent and 100 per cent respectively of survivors accompanied by SAC workers. The hospital team which stated that 100 per cent of the survivors are accompanied by a SAC worker is the hospital with the in-house SAC.

All of the hospital teams who have had experience with SAC workers accompanying survivors at the hospital felt that their presence had a definite positive impact on the survivor and that this support worked to make the survivor feel more comfortable. Although, the hospitals which responded to this question had a high percentage of survivors accompanied by a SAC worker, it might be of interest to discover why the other teams are not seeing more SAC workers. This could be an area that both SAC's and hospital teams need to examine and develop.

## 4.5 Summary Discussion

### Hospital-based Sexual Assault Treatment Teams

These seven teams are distinguished by their treatment of the survivor as a whole person, even within the medical setting. Staff are trained in psycho-social aspects of treatment, as well as medical care and collection of forensic evidence. There are special protocols and facilities designed to minimize further trauma for the survivor, i.e., survivors have a very high priority for immediate attention, areas or rooms are set aside to insure privacy for survivors, only medical personnel or invited SAC workers are present during treatment.

Relationships of hospital teams to SAC's, PV/WA's and police were reported as quite consistently positive. Roles were clearly defined and hospitals seem to have developed a positive working relationship with each.

In relation to the research question about collection of forensic evidence and more particularly the use and assessment of the ASAE kit, we found a strong emphasis on the importance of the survivor having control over whether evidence would be collected at all. In spite of trying to give the survivor the final decision-making power, three of the hospitals said that collection of forensic evidence did further traumatize the survivor, though there were very different estimates of the proportion of survivors who were further traumatized.

As for use of the ASAE kit, we received a mixed response. Three of the hospitals currently use the kit. The others have developed their own, usually in order to streamline the procedure and make it less disturbing for the survivor. Even those who do use the kit comment on its length, its inflexibility in requirements for types of evidence, its expense and its being "cumbersome" in application and processing.

However, advantages cited by two of the three hospitals which use it are that it does allow for consistency of evidence collected and it standardizes the examination procedures.

In terms of the special services of the hospitals and questions about the use of the ASAE kit for collection of forensic evidence, the hospitals were mixed in their response.

In total, the picture of the hospital team is one of a sensitive, thorough service, with positive working relationships between it and police and among the other front-line agencies.

# 5.0 CONCLUDING REMARKS

## Conclusions on the Findings

The central research question of this study is whether changes in the sexual assault laws have contributed significantly to changed treatment of the survivor by the criminal justice system. The central methodological question is whether this question can be answered within the constraints of the data; i.e., data drawn once-removed from the survivors themselves.

There are a series of other research issues addressed in the study, some of which are more closely related to the question of legislative change than others. Those that are closely related to possible impact of legislative change revolve around whether there has been an increase in accessibility of the criminal justice system (and of front-line agencies) as indicated by changes in: the characteristics of the survivors who use the services of the front-line agencies; the characteristics of assailants; of the assault itself; and of reporting behaviour. Additionally, questions about changes in founding rates or in sentencing patterns are relevant here.

Somewhat more distant from these latter questions of impact of legislative change, but still very important for gaining a useful picture of the range and operation of service-provision to the survivor, are those questions regarding the nature of services provided by the front-line agencies and how the agencies interact among each other and with the criminal justice system (police, crown, defence).

When we look at those changes that could be linked by our respondents to legislative change, we see very strong patterns of assessment of change in overall treatment of the survivor by the criminal justice system. That is, the majority are of the opinion that, indeed, there has been improvement in the treatment of the survivor. There is a strong minority, however, who maintain that there has been no change in the treatment of the survivor by the criminal justice system. No agencies saw the treatment as worsening.

These findings are encouraging for those concerned about lessening the trauma of post-assault treatment of the survivor by the criminal justice system. When we try to discover if the agencies attribute this improvement to legislative change, we do find that about 60 percent of the sexual assault centres and police-based victim/witness assistance programs combined make this connection. Their linkage is of a rather general nature, however, in that they feel that the changes in legislation as a whole led to better understanding on the part of police and crown about the nature and impact of sexual assault and as a result, they treat the survivor with more empathy and respect. Secondly, they feel that the increase in special units in police or crown offices, which are trained to handle sexual assault cases, and which include more women are a result of legislative change. (The defence was seen as having improved somewhat in its understanding of the issue of sexual assault and its refraining from harsh treatment of the survivor in court, but the numbers of agencies citing improvements in the defence were very small and we cannot see from the data that perceived improvements in treatment of the survivor by the defence play a large role in the perception of overall improved treatment of the survivor.)

These changes then, cannot be referred back to specific parts of the legislation, nor, of course, can they have been the result of mandates within the legislation (which would not be appropriate for the Criminal Code, in any case).

As we move into more detail about the nature of changed treatment of the survivor, having obtained the overall assessment of the direction of change and the role of legislative change within that, we find that improvements were of two sorts: attitudinal and procedural. However, these two types of change were cited as examples of improved treatment, for treatment that stayed the same, and for worsening treatment (of which there were a few individual examples given, but no overall assessments of worsening treatment).

That is, improved treatment consisted of police or crown (and to a much lesser degree, defence) being more aware of the nature of sexual assault and thus treating the survivor more empathetically. In procedural terms, police and crown were seen as applying the law more flexibly and rigorously as they decide on what forms of behaviour will be followed up on, charged, etc.

At the same time, when we look in more detail at the nearly 50 percent of agencies that found treatment remained the same, we see that they cite lack of empathetic attitudes and the lack of rigorous follow-up as continuing problems with treatment of the survivor. And, those few examples of worsening treatment said that these same attitudes and applications of the law were even worse than before.

We will return to these patterns of change, or the lack of them, when we move to suggestions for changes in policy and procedures below.

As for other changes that could be linked to legislative change, to accessibility of the criminal justice system as indicated by differences in characteristics of survivors, assailants, types of assault, and reporting behaviour, the picture was one of little change. There seemed to be no groundswell of survivors who once would have hesitated to approach a sexual assault or police victim/witness assistance centre now finding it easier to do so. Observations of reporting and service use by more married women, more Natives or other ethnic minorities, more survivors assaulted by spouses or relatives, are simply too few in number to form any firm impression of a direction in change. The status quo seems to be the rule.

That is, only about half of the SAC's and PV/WA's responded to the question about whether there had been a change in numbers (and "kinds") of people reporting sexual assault, and over 50 per cent of that half felt there was an increase.

Of course, in asking for data of this sort from the front-line agencies, it is important to keep in mind that while they make every effort to be accurate in their own data collection and recounting of their impressions of change, they are once-removed from the locus of official reporting, i.e., from the police themselves. Thus, the SAC and PV/WA impressions are very informative as to their perceptions of reporting changes, but the numerical data they have are further "diluted" by the very fact that survivors that have chosen to go to the police may not then chose (or be referred to) a front-line agency. Therefore, the overall problem of determining numbers of sexual assaults that actually occur remains a significant one. It still must be assumed that few people report to the police and possibly fewer of them then go to a front-line agency. Of course, some survivors will go only to a front-line agency and never go on to report to the police.

Questions about reporting per se are explicitly linked to one of the hopes for the legislation, that the well-documented under-reporting of sexual assault would be lessened. Yet for the agencies, there was a only a weak impression of increased reporting. Interestingly, when asked why people did report more, the answers heavily favoured what they saw as an increase in public awareness about sexual assault. Only about 25 percent of the agencies said that legislative change had contributed to increased reporting.

But when we asked why survivors still do not report, 90 percent of the responding sexual assault centres and 80 percent of the police victim/witness assistance programs said it was the survivors' fear of how they would be treated by the criminal justice system. The next most frequently cited reason for nonreporting, fear of the assailant, could be seen as revealing some further lack in the ability of the criminal justice system to protect the survivor after the assault. Finally, it is clear that legislative change is not seen as reducing the stigma of sexual assault, in that the third most frequent reason cited for nonreporting was embarrassment and fear of negative treatment from friends and family.

Thus, we see modest improvement in overall treatment of the survivor by the criminal justice system, but only a very weak link to legislative change. Other areas of hoped-for improvements to which legislative change could have contributed show essentially no change at all. A wider range of people is not being served, assailants are no different, the same stigma, the same fears of social disapprobation exist to inhibit reporting, and to limit accessibility for the survivor to the criminal justice system and the front-line agencies.

However, it would be a mistake to lay the blame for the balance of this relative inertia entirely at the feet of legislation, changed or otherwise. Complex social problems do not have one cause, nor do they have one way to be solved. Other related factors such as availability of funding to enhance implementation, long-term training of professionals (including police, lawyers, judges, and service-providers), and support to community-based public education programming would also play a role in how the criminal justice system is perceived and how the survivor's experience is shaped -- an experience combining interaction with the criminal justice system, with service-providing agencies, and with the public (including family and friends).

It would be equally erroneous to conclude the whole story of change in treatment of the survivor is one of modest improvement at best, with little positive linkage to legislative change.

In fact, if we look at service provision itself, and at the relationships among the front-line agencies and between these agencies and the criminal justice system, there is a clear picture of a network of interaction that in general, is positive, open, mutually respectful and supportive. Fifty-seven percent of the responding sexual assault centres and 78 percent of the responding police victim/witness assistance programs rate their relationships with police and crown as positive. This is the same pattern as that of their relationships with the hospital teams and with each other.

There are some problem areas mentioned, with a few sexual assault centres feeling that police should refer more survivors to them more assiduously and a few of the victim/assistance programs feeling their local sexual assault centre did not respect police procedures sufficiently.

But the overall impression is that where progress has been made in the whole field of treatment of the survivor, it has been made at the level of improved attitudes and improved interactive patterns within and among police, crown, and the front-line agencies. (The defence, again, does not figure strongly in perceptions of positive trends of treatment of the survivor or in evaluations of attitudes and actions by the front-line agencies.) This is no small gain, no matter how large or small the role of legislative change, per se.

## Policy and Research Directions

There are three elements of the findings and one methodological question that provide the basis for our recommendations for policy and research directions. The findings on the role of attitudinal change and procedural rigour in treatment of the survivor (improved or otherwise) lead to an overlap of policy and research direction.

First, in terms of the findings, where problems in treatment of the survivor or interactions with front-line agencies were identified, there was a strong statement that there was still a considerable way to go in improving the awareness of police, crown and defence regarding the nature and impact of sexual assault. This lack of awareness was seen as leading to negative treatment of the survivor, to a lack of rigour in applying all relevant aspects of the changed legislation, and contributing to strained relationships with front-line agencies.

We do not believe that the existence of these problems on a fairly significant scale needs to be further documented. Rather, we recommend that the Department of Justice Canada adopt a leadership role in developing educational and training materials, and even providing in-service short courses, on the nature and impact of sexual assault and the opportunities for fuller application of the law, which police and crown across the country would be encouraged to use.

(We are aware that law enforcement is a provincial responsibility. But just as the then-Minister of Justice of Canada, Ray Hnatyshyn encouraged police to lay an information on wife battering where the officer had reasonable grounds for believing this was occurring, comparable encouragement of police and crown to use these materials could be provided.)

Another element of the findings brings up an important issue that was not extensively dealt in this study, the issue of sentencing. Our respondents only touched on it, in terms of time that could be devoted to it, given the content of the questionnaires. However, the sexual assault centres were quite emphatic in their assertion that sentences were, in fact, lighter after the legislative change. More appropriate sentencing is one of the major raisons d'etre of the change in legislation, yet nowhere is there a nation-wide, systematic statistical study of changes in sentencing patterns. This would be a fairly large study, but it could be done entirely from court files, law journals, and other documentary evidence. There could be a qualitative component, where judges or other members of the criminal justice system are asked about why they believe sentencing occurs as it does, but this would not be essential to the basic research task. We believe there is a problem in sentencing patterns not reflecting the intent of the government to increase humane treatment to the survivor and just treatment to the assailant, and we recommend that such a study be undertaken in the near future.

Second, there was a methodological problem in discerning whether women themselves are aware of the changes in legislation. Hopes that changed legislation will lead to increased reporting, or increased use of services can only remain as hopes if:

1. we cannot tell if people know about the changes;

2. if information regarding the changes cannot be widely disseminated and clearly understood.

This dilemma leads to a further recommendation for research, in another policy direction. That is, it would be useful to develop baseline data on how widely known and understood the changes in legislation are. This is a straightforward matter of a national survey, perhaps over-sampling women respondents.

With the use of this baseline data, we would recommend that the Department of Justice Canada sponsor the development of widely distributable and clearly intelligible information packages on the current sexual assault laws, on services available, on court-room procedures, etc. Some of this information exists in partial form, and is unevenly available across the country. Therefore, careful assessment of existing materials with a view to avoiding duplication and focusing content most advantageously will be essential for efficient production and distribution.

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